1 PLACE OF DEATH STATE OF MARYLAND LY. PHYSICIANS Exact statement of CERTIFICATE OF DEATH County Registration Dist. No. It death occurred in a hospital er institution, give its NAME instead ralter Bair of street and number.] EXACT classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, WIDOWED OR DIVORCED (Month) (Day) (Year) properly certificate HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH should pe (Day) (Year) may k If LESS than 7 AGE Li 1 day, hrs. back O min. ? OR 4 4 so that 8 OCCUPATION
(a) Trade, profession, or 0 supplied Suo INK particular kind of work (b) General nature of industry terms. structi business, or establishment in 9 (Duration) fully which employed (or employer UNFADIN 9 BIRTHPLACE Contributory Secondary (State or country) ain ca 0 (Duration). yrs. mos 0 10 NAME OF 0 W ŭ C FATHER (Signed) onld important. I 11 BIRTHPLACE ENT (State or country) "State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 4 PLAINLY, o Lil c 0 Œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. 0 PA ĺs. OF MOTHER ati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 ery OR RECENT RESIDENTS) Еш 13 BIRTHPLACE At placs In the of Infor SO > OF MOTHER 60 of death yrs. _____ds. Stats, (State or country) should state CAI 4 Where was disease contracted, 14 THE ABOVE IS TRUE THE BEST OF MY KNOWLEDGE If not at placs of death? Former or (Informant) uşua! residence OATE OF BURIAL (Address) may 21, 1915 15 20 UNDERTAKER AODRESS 0 REGISTRAR If more blanks are meded, address State, Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



1 PLACE OF DEATH

County D	Registration Dist. No.
	Shofs (Street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Shile Single, Married, Widow or Divorcep (Write the word)	16 DATE OF DEATH May 20 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Selse William Know (Month) (Day) (Year)	that I last saw her alive on her 19 1915,
2. 5 yrs. 8 mos. ds. OR mho.?	The CAUSE OF DEATH * was as follows:
** OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) **BIRTHPLACE**	Deptre abouten - 1 Weston ds.
(State or country) D NAME OF 10 10 10 10 10 10 10 1	Secondary (Burallan) To Mos ds
FATHER Commingham 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Dimease Causing Death, or, in deaths from Violent Causins, state (1) Mains of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Briolgite Cavey 13 BIRTHPLACE OF MOTHER (State or country) M. A.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the State of death
(Informant) Justish & avery.	Where was disease contracted, if not at place of daath? Former or usuat residence Where was disease contracted, lemberland, llld
(Informant) Graph Carry Made (Address) Frank MAY 20 1910 May 100 May 1	Jerra alta. Date of Burial May 24, 191.5 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write Nonc. E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material werked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-Wonien at home, who are engaged in Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tdanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitie," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. symptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal septichaemia," The nature of the injury, as fracture of skull, The contributory (secondary or intercurcarbolic acid-probably Never report mere (Recommendations "Atrophy," "Colnound of ("Con-



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C

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated mus," under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull Struck by railway train—occident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercuretc.), "Puerperal septichaemia," "Dropsy," "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

BINDING

FOR

RESERVED

MARGIN

1 F	PLACE OF DEATH	0	STATE OF MAR	
County	allegany	10		t. No.
Village 0	r City Cumberland (No. 1	30-6	lound (tousest; Ward)	[If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME William Re	eford	Campbell	of street and number.]
1	PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE O	F DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED WIDDWED OR DIVORCED (Write the word)	arried	16 DATE OF DEATH (Month) 17 HEREBY CERTIFY, That I att	(Day) (Year)
6 DATE (March — (Month) (Day)	, 1.87.8	that I last saw h alive on	, 191
7 AGE		If LESS than	and that death occurred on the date sta	ated above, atm
	37 yrs. 2 mos. ds.	1 day, hrs. or min.?	The CAUSE OF DEATH * was as follow	h Lit.
(a) Tra	PATION ade, profession, or ar kind of work		Accidental	6
business which e	neral nature of industry s, or establishment in $B_{\bullet}O,R,R$.	<u>C</u> ,	(Buration)	yrsds
9 BIRTH (Sta	te or country) Pa		Secondary (Ouration)	yrs, mos de
	NAME OF Isaac Campbe	ele	(Signed Mass. H. Shaw e	orocel , m.
Z	eirthplace of father (State or country)		*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and (Suicidal or Homicidal.	in deaths from Violent (2) whether Accidental,
PA _	of Mother Manie Me bul	loh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLED	205	Where was disease contracted,	,yrsdo
	ABOVE IS TRUE TO THE BEST OF MY KNOWLED AMAIN. MINNIE & ampl	rell	Former or usual residence	
	(Address) 906 Va. ave	7	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed		Wh -	20 UNDERTAKER	ADDRESS
			16 W. Saratoga St., Batto., Requesting V. S. No. 1.	cely

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JUN 2 1915
BUREAU, V.S.

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intermed legal.

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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

2FULL NAME angela: 4.	St.; Ward) St.; Ward) a hospital or institution, give lis NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 3, 1913 (Month) (Day (Year)
7 AGE Month Month	that I last saw here alive on the date stated above, at 3 - m The CAUSE OF DEATH* was as Ioliows:
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos ds (Signed) , M. D *State the Disease Causing Duath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or
(Address) Rudmont WVX 15 Filed D / 1935 Mallary FREGISTRAR	usual residence. 19 PLACE OF BURIAL OR REMOVAL Cathelic cometery Westeraport, Md 20 UNDERTAKER L. J. Fricklek Mg. & Bleg. Co., Paran, 6 E. Franklin St., Balto., Regulesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

mus," "Old Age," "Shock," "Uraemia," "Wcakness," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertalned as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senilc," ctc.), "Dropsy," "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

County allegan	CERTIFICATE OF DEATH,	
County	Registration Dist. No.	
	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVOSED (Write the programmed)	16 DATE OF DEATH (Moy(th) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
Month (Day) (Year)	that I last saw h alive on may 3, 191 3,	
TAGE about 40. yrs. mos. ds. or min.? B occupation (a) Trade, profession, or particular kind of work (b) General nature of Industry	and that death occurred on the date stated above, at 1.0.4 m. The CAUSE OF DEATH * was as follows:	
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Maeure Consularum Secondary (Ouration), yrs, mos. 3 ds.	
10 NAME OF FATHER SO 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) C Queen , M. O. C.	
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death	
(Informant) Hospitale Michael Market	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS	
REGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto,, Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. employed, as At school or the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Duy laborer, Farm laborer, Laborer mobile foctory. The material worked on may form part mill; (a) Salesman, (b) Grosery: (a) Foreman, cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemuid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in various pursuits can be known. The question For persons who have no occupation whatever, At home. Care should be Never return Locomolive engineer, If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever "never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated Struck by railway train—occident; Revolver head—homicide; Poisoned by carbolic acid SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerpenal peritonities," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinomo, Sareoma, etc., of..... to determine definitely. Examples: Aecidental drowning. cause. chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock." "Uracmia," "Weakness." Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or interenretc.), as "Puerpenal septichaemia, "Dropsy," State cause for which carbolie acid-probably Never report mere (Recommendations "Exhaustion, to mund of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

m

Z

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarconia, etc., of on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Example: Meosles (disease causing death), 29 ds.; Bron-The contributory (secondary or intercur-Never report mere

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RECEIVED
JUN 2 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Exact statement of	Village or City Cumberland (No Character) 2 FULL NAME 1 PLACE OF DEATH (No Character) 2 FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXACT sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	Jemale White Single, Single White Write the word	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH	17 HEREBY CERTIFY, That attended deceased from
should be be prope f certifica	(Month) (Day) , 1 (Year)	that I last saw he salive on May 5, 1915,
AGE shit may hack of	7 AGE If LESS than 1 day, hrs. OR mlu.?	and that death occurred on the date stated above, a m. The CAUSE OF DEATH * was as follows:
supplied.	OCCUPATION (a) Trade, profession, or particular kind of work	Sulbith.
C 0	(b) General nature of Industry business, or establishment in which employed (or employer)	(Ourstion) yts mos ds.
	9 BIRTHPLACE (State or country)	Secondary (Burellee) we may de
d be ca in plai	10 NAME OF PELSON MILLER	(Signed) A. H. Trevaskie, M. O.
on should F DEATH important	U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	of Mother Rescue 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
CAUS N Is	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	of deathyrsmesds. State,yrsmesds. Where was disease contracted, If not at place of death?
em o	(Informacy) A M Trevaskis	Former or usual residence
Every item of informat should state CAUSE O OCCUPATION Is very	(Address) Cumbelland	Oremated May 10, 191
ai	Filed MAY 10 1915 Max Wollon REGISTRAR	20 UNDENTAKER Appril Appress
Z	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Conkus and American Public Health
Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material werked on may form part If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train—accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal septichumia," "Puenpenal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uractoia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never rent) affection need not be stated unless important Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercurby carbolic acid-probably ACCIDENTAL, report mere



1 PLACE OF DEATH

PHYSICIANS t statement of CERTIFICATE OF DEATH County allegan Registration Dist. No.... Lif death accurred in a hospital or institution give Its NAME Instead of street and number. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SFX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED (Month) OR DIVORCED I HEREBY CERTIFY, That Vattended deceased from 6 DATE OF BIRTH Mac, 191.V..., to 1882 that I last saw h alive on Ce (Day) (Year) 7 AGE If LESS than may of and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min.? 4.4... mgs..... 8 OCCUPATION
(a) Trade, profession, or 20 ons particular kind of work. (b) General nature of lodustry instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary See 10 NAME OF FATHER important. (Addrees) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In tha OF MOTHER State, ____yrs, ___ S of deathуте.mes. (State or country) -Every item of in should state CAI OCCUPATION i Where was diseese contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?.... Farmer or usuat residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. & yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Tealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Croccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Never return "Laborer," (b) Auto-

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and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations Struck suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage "PUERPERAL perilonitis," etc. State cause for cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convu "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rcut) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping by railway train—accident; Revolver wound "Dropsy," "Exhaustion," Never report mere

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RECEIVED
JUN 21915
HHUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

B

STATE OF MARYLAND		
Coun	y Wellgary	CERTIFICATE OF DEATH Registration Dist. No.
Villag	ge or City Cuil Esland (No.301, 80)	They stated to the state of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m 6 DA	COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	18 DATE OF DEATH May 9, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from 1915, to May 19 1915
	Month) (Day) (Year)	that I last saw hamalive on Many 18, 191 16,
7 AG	yrs. 3 mos. 29 ds. OR min.?	and that death occurred on the date stated above, at // 2m. The CAUSE OF DEATH * was as follows:
par (b) hus whi	ticular kind of work) General nature of industry iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	(Durstion) yrs. mos. ds.
ARENTS	10 NAME OF FATHER WM Cornell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME D. 17 7 7	(Signed)
σ.	13 BIRTHPLACE OF MOTHER (State or country) MA	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mes. ds. State, yrs. mes. ds. Where was disease contracted,
	(Informant) Was Consultation	If not at placs of death ?
15	MAY 19 1915 Hax listla	19 PLACE OF BURIAL OR REMOVAL PAR COLL MAY 20 1915 20 UNDERTAKER ADDRESS
1 195	REGISTRAR If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, write None. 6 yrs.). state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Tealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part (b) Auto-

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. mus," "Old Age," "Shock," "Uraemia," "Weakness, "PUERPERAL peritonitis," etc. State cause for which ete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," "Atrophy," "Col-"Exhaustion," ("Con-



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BINDING

FOR

RESERVED

Coun		Outside of CERTIFICATE OF DEATH City Limits. Registration Dist. No.
Villa	go or City Cumberland (No. Ulin 2 FULL NAME Thomas Cr	a hospital or institution,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Ale White Single, Wildows or Divorced Or D	18 DATE OF DEATH
6 DA	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 23, 1915, to May 26, 1915, that I last saw h malive on May 26, 1915,
	67 yrs ds. 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
par (b bus	CCUPATION) Trade, profession, or ticular kind of work) General nature of lodustry ciness, or establishment in	(Ouration) yre mes de
	silless, or establishment in ich employed (or employer) RTHPLACE (State or country) Seotland	Contributory Secondary
Ŋ	10 NAME OF FATHER Muhum	(Signed) Signed M. d.
RENT	11 BIRTH PLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIDAL.
PA	OF MOTHER 12 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place of desth 6 yrs. mee. de State, Where was disease contracted.
	(Informant) M. Thompson Suff	If not at place of death? Thoseway Former or usual recidence 44 "
15 File	(Address) alus House MAY 27 1915 Max Justin REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in doniestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., of the second statement. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from without more

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths "Anzemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetamus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heart failure," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, ctc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning. Example: Measles (disease causing death), 29 ds.; Bron-" "Old Age," "Shock," "Uracinia," "Weakness," or miscarriage "Senile," etc.), "Dropsy," as "Puenperal septichaemia, State cause for which Never report mere (Recommendations "Exhaustion," wound of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RESERVED FOR BINDING MARGIN

V. S. No. 1.

PLACE OF DEATH County Alleg any	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City W Davoge (No. 2 FULL NAME Pridges	St.; Ward) St.; St.; Ward)
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	West 16 DATE OF DEATH MAN (Day), 1915 (Year)
6 DATE OF BIRTH (Month) (Day)	17 I HEREBY CERTIFY, That I attended deceased from 1842 1942 1942 1942 1942 1943 1943
10	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Buration) The 3.0 micro
9 BIRTHPLACE (State or country) Penna 1	Contributory Secondary (Buralian) yrs, mos. ds.
on 11 BIRTHPLACE 2	HOLAS Mines
BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER BALLAGE OF MOTHER DAMAGE OF MOTHER DAMAGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(informant) Tout Hull	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Mil Jarage m 15 Filed 25 191 1 Gashar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND A STATE OF BURIAL 20 UNDERTAKER ADDRESS
2 de REG	Registrar, 16 W. Saratogy St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, But in many cases, etc., without more If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "An emia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" Struck by roilway train-accident; Revolver wound "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . The nature of the injury, as fracture of skull as "Puerperal septichaemia, State cause for which Never report mere "Atrophy," "Exhaustion, ("Con-



RESERVED FOR BINDING

MARGIN

t of	PLACE OF DEATH	STATE OF MARYLAND
Statement of	County acceptuity	CERTIFICATE OF DEATH Registration Dist. No.
1YS	near Professor Hat	
F 43	Village or City / WWW. No	St.; Ward) [If death occurred in a hospital or institution,
Exa.	2 FULL NAME John Coa	ef street and number.]
EXAC sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Way 9, 1915 (Year)
be st perly cate.	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
OE	Aukuou.	, 191, to, 191,
should be preference	(Month) (Day) (Year	that I last saw halive on, 191,
ay k	7 AGE alout, It LESS the	and that death occurred on the date stated above, at
AG	55 yrs. mos. ds. OR min.	The CAUSE OF DEATH & was as follows:
- 4	8 OCCUPATION Q	- ansped skull
supplied s, so tha tions on	(a) Trade, profession, or Fabrical particular kind of work	Bro, R. R. Accident
s, se	(b) General nature of Industry	Dio, Jil of Carrie
ruc ruc	business, or establishment in which employed (or employer)	(Ouration)
in te	9 BIRTHPLACE (State or country)	Secondary
pla See	10 NAME OF A A	ds Olay H. Shaw Carasal no
d in	FATHER John V. Nawson	(Signed)
ATH rtan	U 11 BIRTHPYACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
on s		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCINENTAL, SUICIDAL OF HOMICIDAL.
E OF	à lui Mungle	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
NUSE is ve	13 BIRTHPLACE OF MOTHER (State or country)	At place of death / yrsmos,dsfstate, 5.5_yrsmos,ds
TO N	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
state ATI	(Informant) Cono Dawson	Former or Jouanning Md
very it	(Address) Like Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAY 10 1915
B.—Ev	Fled May 12, 191 5 ESR Pet	20 UNDERTAKER ADDRESS MA
Z	A. A. A. REGISTRAR	Tours Stelle Kunnigerland
0	If more blanks are needed, address State Registre	ar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compasitor, Architect, ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, At home. Care should be Locomotive engineer, If retired from many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver head—homicide; Poisoned by carbolic acu SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia, "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness." genital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tebility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. Examples: Accidental drowning; cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvulor heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion," carbolic acid-probably State cause for which (Recommendations mound



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

6013



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred in hospital or institution.

	FULL NAME Amy Dale	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	enale Thile Single, Married, Middle Widowed, Married ORDIVORCED (Write the word)	16 DATE OF DEATH May 1915 (Month) (Day (Year)
6 D	ATE OF BIRTH Cugas / 1861. (Month) (Day (Year)	that I last saw h. L. alive on May 29th, 1915.
a o	yrs 8 mos 8 ds. or min.? CCUPATION) Trade, profession, or place Mife	and that death occurred on the date stated above, at Am. The CAUSE OF DEATH* was as lettows: Lette Lettomatics
bus	General nature of Industry, ilness, or establishment in Ich employed (or employer)	(Duration)yrsmosds.
ARENTS	10 NAME OF FATHER OF A MIXSON 11 BIRTHPLACE OF FATHER (State or country) Maryland, 12 MAIDEN NAME OF MOTHER OF MOTHER	Secondary (Doration) yrs mos ds. (Signed) Track of Modern of Mod
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Collegany, Co, Md,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs, mos ds Where was disease contracted.
	(Informani) (Informani)	If not at place of death? Former or usual residence.
15 Fil	ed AMO_IL, 1915- C. a. Skolley, REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAU 31, 1915 20 UNDERTAKER ADDRESS
الماري	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement: cases, especially in Industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in mauy For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucists of lungs, meninges, peritonaeum, etc., Carcin-

genital," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the Americau Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Contributory." is icss definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of Never report

If this eertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



tu filed under

No. 02

RECORD PERMANENT stated 4 Pe should UNFADING INK-THIS ACE supplied. carefully WITH be should WRITE PLAINLY, of information Item 96

PLACE OF DEAT state Very PHYSICIANS should of OCCUPATION IS Registration Dist. No. Village or City St .: Ward) 2FULL NAM statement PERSONAL ND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX XY 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIEO. WIDOWED ORDIVORCEO (Write the word) DATE OF BIRTH classified. (Month) (Day TAGE If LESS than t dayhrs. mos OR 7 ds. properly BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF 80 0 See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE Important. CAUSE (Address) . 7 15 20 UNDERTAKER 1 REGISTRAR z If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Ilf death occurred in a hospital or institution. give its NAME instead

...., 191

ADDRESS

of street and number.]

****			, 191
	(Month)	(Day	(Year)
	EBY CERTIFY, That		
	191 to	******	191
that I last saw h	alive on	*************	, 191
and that death occurre	ed on the date stated	above, at	m
The CAUSE OF DEAT	H* was as follows;	-	
Referalio	n / pla	cente	ય
Referation	el 7 11	rome	15

	(Duration)	Vrs	mas de
	(1809,
Secondary	****************************	***********	
	(Duration)	D'S.	mosds
(Signed)	NOMIZ	ain	, M. D
11/2/1/2/1	(Address) True	++-1	
*State the DISEASI CAUSES, state (1) M TAL, SUICIDAL, or HO	e Causing Death, or feans of Injury; an omicidal.	, in deaths ind (2) whet	rom VIOLENT her Acciden
18 LENGTH OF RESID	ENCE (FOR HOSPITALS	, INSTITUTION	, TRANSIENTS
At niace	in the		
of death yrs	nos ds. State	yrs	mos ds
Where was disease contracti	ed.		
If not at place of death?		**************************************	
usual residence			
19 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chroni childbirth or misearriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL perilonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-, The contributory (secondary tetanus) . may be stated under the head of Always qualify all diseases resulting from "Seuile," ctc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," or intercurrent)



SICIANS should occupaTION Is RECORD PERMANENT 50 baci instructions 5 See 0 A 10 CAUSE OF

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. lif death occurred in a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Male (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) **Contributory** 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER ARENTS *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ... yrs. mos. .. State Where was disease contracted. 14 THE ABOVE IS TRUE TO THE MY KNOWLEDGE if not at place of death? Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childblrth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Maras genital," "Collapse," "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopmeumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the ture of the American Mcdical Association.) "Contributory." injury, as fracture of skull, and consequeuces (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or lutercurrent) "Puerreeral peritonitis," etc. State cause for telanus) Always qualify all diseases resulting from Meusles "Seuile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; "Dropsy," "Puerperal septichae-"Exhaustion," Never report



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Village or CityWard) a hospital or institution. give its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED (Day) OR DIVORCED (Month) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) Year) (Month) If LESS than 7 AGE ath occurred on the date stated above. a 1 day, hrs. OF DEATH # was as follows: OR min.? OCCUPATION
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE In the At place OF MOTHER " (State or country) of deathyrs.mos.ds. State, yrs. mos. ds. Where was diseass contracted, if not at piace of death?..... usuel residence 19 PLACE OF BURJAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation -- Precise statement of occupa-Compositor, Architect, various pursuits can be known. The question very important, so that the relative healthful-For persons who have no occupation whatever If the occupation has been changed Never return "Laborer." Locomotive engineer, ete., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as "PUERPERAL peritonitis," etc. mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Struck by railway train-occident; Revolver to determine definitely. Examples: Accidental drawning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Timor" for malignant neoplasms); Weasles, Whooping (name origin; "Caneer" or miscarriage as "Pierperal septichaemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuris less definite; avoid, use of State cause for which Never (Recommendations report mere ACCIDENTAL, to minute of



LY. PHYSICIANS Exact statement of EXACTLY. RECORD stated properly pe it may 5 THIS so that ildqus terms, MARGIN pino ATH PLAINLY, 0 of informatic Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... If death occurred in a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO, WIDOWED OR DIVORCED (Write the word) (Day) attended deceased 8 DATE OF BIRTH (Day) (Month) (Year) 7 AGE if LESS than 1 day, hrs. min.? 8 OCCUPATION
(a) Trade, profession, or 50 instructions parlicular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory See in (State or country) 10 NAME OF FATHER important. 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 12 MAIDEN NAME SUICIDAL OF HOMICIDAL AR OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER (State or country) should state CA 14 THE ABOVE IS if not at place of death? (informant) usual residence DATE OF BURIAL 15 20 UNOBETAKER ADDRESS REGISTRAR If more blanks are heeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired \mathcal{E} yrs.). For persons who have no occupation whatever, state oecupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be write None. Hausemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary freman, etc. precise specification as Day labarer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Caal mine, etc. Compositor, Architect, Locomotive engineer, The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

inus, on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelonus) may be stated head-homicide; Poisoned by earbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritanitis," etc. birth or miscarriage eause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Col-kupse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valendar heart disease; Chronic interstitial "Heart failure," "Huemorrhage," "luanition," "Maraschopneumonia rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Meosles, Whooping Example: Measles (disease causing death), 29 ds.; Bron-" "Old Age," "Shoek," "Uracinia," "Weakness," by railway troin-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (seeondary), 10 ds. as "Puerpenal septichaemia, "Dropsy," "Exhaustion," State cause for which Never report mere ACCIDENTAL, wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

on Nomenclature of the American Medical Association.)



V. S. No. 1.

County Allgany 6017	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cumberland (No. 206, 2 FULL NAME Kermith &	Registration Dist. No. St.; Ward) [If death occurred in a hespital er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word	16 DATE OF DEATH May 1 (Month) (Day) , 1915 (Year)
GDATE OF BIRTH Jeb 21 19	that I last saw h Am alive on May 191, 191
(Month) (Day) (Y) 7 AGE If LESS 1 day,	than and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of iodustry husiness, or establishment in which employed (or employer)	Broncho pneumara (Buration) yrs. mos. 10 d
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	Contributory Secondary Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 Mailden Name OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	1S LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
(Informant) DElsais Gainer	If not at place of death? Former or usual residence
(Address) 206 Pages 15 FiledMAY 22 19,181 Max Justum Registra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAY 11, 191.5. 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regir	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Scrvant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no occupation whatever, Never return If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lunigs; menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "Puerperal septichaemia," The contributory (secondary or intercur-State cause for which Never report mere (Recommendations ACCIDENTAL,



Coun	go or City Cumberland (No. 77. Ma	Registration Dist. No. [if death occurred in a hespital or institution.]
	2 FULL NAME Benjamin 7.	Selson its NAME Instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male White Single, Married, Marked of Divorced of Divorced	16 DATE OF DEATH May 29, 1910 (Month) (Days) (Year
6 DA	Teby 8, 1883	that I last saw have allve on may 39, 1919
7 AG	is a second of the second of t	and that death occurred on the date stated above, at .7.30 The CAUSE OF DEATH * was as follows:
(a par (b bus wh	IRTHPLACE (State or country)	Struce (Ourellon) The mose contributory Struck by while whil
ARENTS	10 NAME OF FATHER SELSON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OTH	(Signad) May 3/. 181V. (Address) Death, or, in deaths from Violent Causys, state (1) Means of Injuny; and (2) whether Accidental, Suignal of Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) Ser	or RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of desth yrs. mee. &
14 TI	(Informant) Is a belle Getson	Where was disease contracted, Corrigues ille Mg Former or would residence Corrigues ville Mg
15	(Address) Cash Kaller MA	19 PLACE OF BURIAL OR NEMOVAL DATE OF BURIAL LIGHT CONDERTAKER ADDRESS
File	JUN 11915 REGISTRAR	Jours Stein City
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

6086

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook. employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part At home. Care should be Never return If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (c. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (inercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, Struck by railway train-arcident; Revolver wound of to determine definitely. Examples: Accidental drouming; cause. Always qualify all diseases resulting from chikl-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-State cause for which (Recommendations Never report mere ACCIDENTAL,



BINDING FOR .. MARGIN RESERVED

V. S. No. 1.

	go or City Dumberland (No. 207,	Registration Dist. No.
Villa	ge or City (No. 20),	St.; Ward) [If death occurred a hospital or Institute give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Vale White (Write the word)	18 OATE OF OEATH (Month) (Day) (Ye) 17 I HEREBY CERTIFY, That I attended deceased for
6 DA	May 25-, 1 Green (Month) (Day)	, 191, to, 191
7 AG	If LESS to 1 day,	and that death occurred on the date stated above, at
(a	CCUPATION 1) Trade, profession, or ricular kind of work	- Still forth,
(b	General nature of Industry	0
wh	siness, or establishment in floore employer)	(Duration) yrs. mos.
wh		Contributory Secondary (Buralion) yrs mos mos mos
9 B	ich employed (or employer)	Contributory Secondary
9 B	10 NAME OF FATHER (Sikte or country) 12 BIRTHPLACE OF FATHER (Sikte or country) Services (Sikte or country)	Contributory Secondary (Buration) yrs mos (Signed) fill au f for and May 26191 2 (Address) further au
9 B	10 NAME OF FATHER (Sikte or country) 12 MAIOEN NAME OF MOTHER (Sikte or country) 13 BIRTHPLACE (Sikte or country) 14 MAIOEN NAME OF MOTHER (Sikte or country)	Contributory Secondary (Buration) (Signed) Sate the Disease Causino Death, or, in deaths from Violent Causin, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENTS)
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write None. state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Poisoned Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puenperal scptichocmia," mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inauition," "Marasgenital," "Scnile," "Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum. etc., Carcinoma, Sarcoma, etc., of. cause. etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephralis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuretc.), g., sepsus, tetanus) may be stated by carbolic acid-"Dropsy," "Debility" ("Con-"Atrophy," "Col-"Exhaustion, wound at -probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 2 1915
BURFAULV.S.

1 PLACE, OF, DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County Registration Dist. No .-If death occurred in Ward) a hospital ar institution. EXACTLY. give its NAME instead of street and number. ² FULL NAME RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 'ly classifi SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated MARRIED, WIDDWED 1910 PERMANENT OR DIVORCED (Month) (Day) (Year) properly, I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH should (Month) (Day) (Year) e q If LESS than 7 AGE of and that death occurred on the date stated above, at 1 day,.... Ш hrs. E O OR . min.? THIS that OCCUPATION supplied 0 (a) Trade, profession, er Suoi particular kind of work 000 (b) General nature of Industry terms, instructi husiness, or establishment in (Buration) UNFADING which employed (or employer Contributory 9 BIRTHPLACE Secondary (State or country) 05 00 (Buration) 20 20 10 NAME OF 0 FATHER (Signed) WITH ā 5 tion should by DEATH is important. RENTS 11 BIRTHPLACE (Addresa) OF FATHER State the DISPASE CAUSINO DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIDAL. PLAINL 12 MAIDEN NAME OF MOTHER PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 84 0 Very OR RECENT RESIDENTS) ы 13 BIRTHPLACE At nince In the S of infor OF MOTHER State, yrs. of deeth S AU (State or country Where was disease contracted. should state CA 14 THE ABOVE IS TRUE TO THE If not at piece of death? Former or item (Informant) usoal residence DATE OF BURIAL PLACE Every 16 20 UNDERTAKER 0 REGISTRAR 2. If more blanks are needed, address State Registrar, 16 W. Ssratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mobile factory. The material carked on may form part mill; (a) Salesman, (b) rocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed precise specification as Dwy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfultaken to report specifically the occupations of persons For many occupations a single word or term on the -Coal minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, At home. Care should be Never return If retired from "Laborer," (b) Auto-

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under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbalic acid-probably to determine definitely. Examples: Accidental drowning; "PUERPERAL perilanitis," etc. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. or miscarriage as "Puenperal septichumia," by railway train-accident; Revolver State cause for which Never report mere (Recommendations wound of

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BUREAU, V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. lit death occurred in Village or City a hospital or institution give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of wor (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. ____ ds Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UN DERTAKE ADDRESS REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Salcsman, "Foremau,"

pneumonia"); lesis of lungs, meninges, peritonaeum, etc., faver (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accepted causing death (the primary affection with respect to ("Pueumonia," "Croup";) Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid ferer (never report "Typhoid Lobar pncumonia; Bronchopneumonia unqualified, is indefinite): Tubercu-Diphtheria (avoid usc

> valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanns) by carbolic acid-probably snicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "PUERPERAL septichae-"Exhaustiou," Never report



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for US	OF MOTHER (State or country)	At place of death yrs. mos. Lds. State 3/ yrs. 7 mos. 16 ds.
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affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, mus," "Old 'Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report

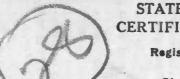
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RECEIVED
JUN 2 1915
BUREAU, V.S.

RECORD PERMANENT 4 UNFADING INK-THIS IS WITH WRITE PLAINLY.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state - DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so Important. See instructions on back of N.

Village or City Kestemfort (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-St.;-----Ward)

[it death occurred in a hospital or institution, give lis NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	Helmand of street and number.]
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH MAY 7 , 1915
6 DATE OF BIRTH Lent Corner L	17 I HEREBY CERTIFY, That I attended deceased from 191 f. to May 7, 191.
7 AGE (Month) (Day (Year) 1 I LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protessian, or particular kind of work. (b) General nature of industry, business, or establishment in	(Duration) / yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF Which employed (or employer) Hardy Ler Wa	Contributory Ally 19 of Tupercula, Secondary (Deration) yrs. 3 mos. ds.
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAVSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (2) Whether ACCIDENTIAL CAUSES (3) Whether ACCIDENTIAL CAUSES (4) WHETHER (4) WHET
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds.
(Informant) the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
16 Filed May 28 191 2 malling 6	19 PLACE OF BURIAL OR REMOVAL Mesturfort md 5/29 1915 20 UNDERTAGEN 1 ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cansopsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give Its NAME Instead EXACTLY. of street and number. 7 RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE Clas MARRIED. state (Month) HEREBY CERTIFY. That I attended deceased from be 6 DATE OF BIRTH 8 73 (Year) ce (Month) (Day) occurred on the date stated above, at Jam. If LESS than TAGE of may GE 1 day, hrs. back EATH * was as follows: that 8 OCCUPATION 0 supplied (a) Trade, profession, or particular kind of work instructions terms, so (b) General nature of industry business, or establishment in fully which employed (or employer) Contributor 9 BIRTHPLACE Secondary See in (State or country) 10 NAME OF pe 2 FATHER important I (1) 11 BIRTHPLACE ENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident OF FATHER (State or country) a 4 SUICIDAL OF HOMICIDAL. of information e CAUSE OF D 12 MAIDEN NAME α PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER State. of death .yrs. S (State or country should state CAI Where was disease contracted, 14 THE ABOVE IS TRUE MY KNOWLEDGE If not at place of death? ... (Informant) DATE OF BURIAL OR REMOVAL Address 16 29 UNGERTAKER ADDRESS \mathbf{m} REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Lealer," etc., without more the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Laborer mill; (a) Salesman, (b) (racery; (a) Foreman, (b) Automobile factory. The material worl of on may form part only when needed. As examples: business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in (a) Spinner, (b) Cotton
a) Foreman, (b) Auto-If retired from should be

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUFRPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Heart failure," "Heenorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convolsions," "Debility" ("Congenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumoniu (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revalver wound The contributory (secondary or intercur-"Dropsy," "Exhaustion,

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RECEIVED
JUN 21915
BUREAU, V.S.

UNFADING INK-TH	fully supplied. terms, so that structions on	4 (b	OCCUPATION) Trade, profession, or Trade, profession, or) General nature of lodustry siness, or establishment in ich empleyed (or employer)
	nformation should be care USE OF DEATH in plain is very important. See in	9 81	RTHPLACE (State or country)
			10 NAME OF STATE STATE OF STAT
WRITE PLAINLY, WITH		porta	11 BIRTHPLACE OF FATHER (State or country)
			of Mother Cours a Wester
			13 BIRTHPLACE OF MOTHER (State or country)
	item of I	14 TI	(Informant) Bry Man Hand
	3.—Every shoul	15 File	(Address) Ountry lang Mitil
	2		REGI
			If more blanks are needed, address State

1 PLACE OF DEATH

² FULL NAME

PERSONAL AND STATISTICAL

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

(Month)

(Day)

If LESS

1 day,

County alles said

Village or City

DATE OF BIRTH

3 SEX

7 AGE

	1	STA	TE OF	MARY	LAND	
	118	CERT	IFICATI	E OF	DEATH	
	11-1		Registration	n Dist. I	40. 2	
7	12	si;	Ward			IE Instead
	3 -	MEDICAL (ERTIFICA	TE OF	DEATH	
16	DATE OF	DEATH	In (M	ay Mili)	9 9 (Day)	, 1915 (Year)
17	Sha	EREBY CERT	91.5, to	Ah	ded decea	sed from, 191.5
a	nd that de	ath occurred	on the da		d above, at	9.15 m
		Arl	hritis	de	forma	A.A
011	Contribu Secondary	tory	(Oura	(ton)	yrsmo	isd
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	CAUSES, S SUICIDAL O	the DISEASE Ctate (1) MEANS IN HOMICIDAL.	AUSING DEAT OF INJURY;	n, or, in c and (2)	leaths from V	IOLENT DENTAL
A S W	OR RECENT It place If death	of death?	ds.	in the	yrsw	
19	Fair	BURIAL OR F	EMOVAL	Ju		IAL ., 1915
	John	O MO	elon	10	DRESS	day

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAF

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesmon, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Lealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever The material wer ed on may form part If the occupation has been changed Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar presumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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02

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT UNFADING certificate. 0 back piain Instructions 50 OF Every Item CAUSE OF Important.

6026 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... lif death accurred in a hospitel or institution, give its NAME instead ot street and nomber.] 2FULL NAM PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED. (Month) (Day (Year) ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date atated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Ducation which employed (or employer) ... Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTAPLACE ..., 191 J/ (Address) ____ ARENT (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. __ Where was disease contracted. 14 THE ABOVENIS OF If not at piece of deeth?-Former or (Informent) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balfo. Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-

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BUREAUNED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH	Outside of CERTIFICATE OF DEATH
County Allegany	Dity Limits. Registration Dist. No.
Village or City Burnberland (No. County) 2 FULL NAME Robert Willis	Home st; Ward) [If death occorred in a hospital er institution, give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE OF DIVORCE OF DATE OF BIRTH	16 DATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended deceased from 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Month) (Day) (Year)	that I last saw h. List allve on 5/22, 1915,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
S OCCUPATION (a) Trade, profession, or particular kind of work Conservation	Opoplexy
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Burallon) yrs. / mos. ds.
OF FATHER OF FATHER OF FATHER OF FATHER OF MOTHER U 12 MAIDEN NAME OF MOTHER 4	(Signed) State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, STATE (1) YEARS OF INJURY; and (2) whether ACCIDENTAL, SUICIPAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) & affler Johnson	ft not at place of death? Combelland MA
(Address) Dunder and M. C. FIEMAY 26. 191591 REGISTRAR If more blanks are peeded, address State Registrar,	20 UNDERTAKER ADDRESS Cuty 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, engaged in domestic service for wages, as Servont, Cook, the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part At home. Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever, (never report "Typhoid pneumonia,"); Lobar pneumonia. Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping suicide. The nature of the injury, as fracture of skull or miscarriage The contributory (secondary or intercuras "Puerperal septichaemia," State cause for which Never report mere nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 21915
BUREAULV.S.

4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT

V. S. No. 1.

C	
PLACE OF DEATH 0 6028	STATE OF MARYLAND
County allegam	CERTIFICATE OF DEATH
	Registration Dist, No.
for his of my	Policina Q / [If death occurred in
Village or City (Mo) (No)	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead
Sullegan	(Prinative Stillow Infund) of street and oumber.]
²FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Surfl	16 DATE OF DEATH May 14 , 1915
Male While (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(May 14 1915	81.00
7 AGE (Modth) (Day (Year)	that I last saw h
TAGE Stillborn 1 dayhrs.	and that death occurred on the date stated above, at
yrsds, <u>OR</u> min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	Jalling I I I I I I
particular kind of work	oun as abus 6" hav
(b) General nature of industry, business, or establishment in	(Buration) yrs mos, ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF TO	(Duratjoh) yrs mos ds.
FATHER FED Trumel	(Signed)
OFFATHER OFFATHER	May 14, 1915 (Address) Quality and fled
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
T 12 MAIDEN NAME OF MOTHER DE LA COLOR	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mrs Mary & Commell	Former or usual residence.
Cumphala. That.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Address) (Address)	fre Knine May 15, 1916
Filed Man 14 1915 4 Il Bradup	20 UNDERTAKER ADDRESS
Dip Acal REGISTRAR	Jumalle Willand Embeloway

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the The (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," ete. mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchonneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory Always qualify all diseases resulting from Measles "Scnile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," State eause for



SICIANS statement CERTIFICATE OF DEATH County. Registration Dist. No. PHY I If death occurred in ..Ward) a hospital or institution. give its NAME Instead of street and number. 7 ² FIII I NAME EXACT classified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated PERMANENT WIDDWED BINDING Month) OR DIVORCED (Day) (Year) properly certificate CERTIFY. That I attended deceased from be 6 DATE OF BIRTH should be (Month) (Day) If LESS than of 7 AGE on the date stated above, at AGE s it may FOR 1 day, hrs. back OR min. ? ds. terms, so that See instructions on OCCUPATION carefully supplied (a) Trade, profession, or 0 N N particular kind of work (b) General nature of Industry SERV business, or establishment in UNFADING which employed (or employer) Contributory 9 BIRTHPLACE (State or country) plain C 10 NAME OF be FATHER WITH 2 (Signed ARGIN pino should state CAUSE OF DEATH i PARENTS (Address) 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT sh PLAINLY, (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL of information e CAUSE OF D 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE In the At place OF MOTHER of death State.yrs. .yrs. (State or country Where was disease contracted, 14 THE ABOVE IS TRUE if not at place of death?. Former or Every item usuai residence DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address) 15 29 UNDERTAKER ADDRESS 0 REGISTRAR Z If more blanks are needed, address State Registran 16 W. Saratoga St., Ballo., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. Housemaid, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive ongineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits ean be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in Compositor, For persons who have no occupation whatever, etc. If the oecupation has been changed If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee and eonsequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shoek," "Uracmia," "Weakness," cough; Chronic vulvular heort disease; Chronic interstitial on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning. "Heart failure," "H: emorrhage," "Inanition," "Maraschopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "Puenperal schichaemia," The contributory (secondary or intercur-State eause for which Never report mere "Exhaustion," -probably



PLACE OF DEATH	STATE OF MARYLAND
Countyalls carsy	CERTIFICATE OF DEATH
County	Registration Dist. No.
of PILIPHD	
Village or City 6 www bestowed (No.) . F., W	St.; Ward) [If death occurred in a hospital or institution,
4.D. 4.DH	give its NAME Instead
FULL NAME IN STATE OF TWO	svick knipsiskurg of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH MAN /3
Mala White WIDOWED INGTO	(Month) (Day) (Year)
H-WX	17 HEREBY CERTIFY, That Lattended deceased from
6 DATE OF BIRTH	May (3, 1915, to fly 3, 1915,
(Month) (Day) (Year)	that I last saw h alive on tillburn, 191
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day, hrs.	The CAUSE OF DEATH & was as follows:
yrs. mos. ds. OR min.?	
8 OCCUPATION (a) Trade, profession, or	Sullforn
Oparticular kind of work (b) General nature of industry	
D business, or establishment in	(Duretion) yrs. mos. ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF W	The Dead who
FATHER Frederice Kniffenbu	(Signag) M. O.
11 BIRTHPLACE OF FATHER	My 14, 1915. (Address) Qualut en Mu
U 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
T 12 MAIDEN NAME OF MOTHER MAY RICE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS
OF MOTHER (State or country)	At place tn the of deathyrsmosds. State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Historia to the human	Former or
(Informant) fy300 yv10 fig. 1 yv1 film v	usual residence
(Address) limbs wand RFDH4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 M C / /2 0 1/2	Mount Herman May la 181 June
Fled May 14, 1915 With mounty Ma	20 UNOERTAKER ADDRESS
Dery REGISTRAR	John Wolford limberland
If more blanks are needed, address State Registrar,	10 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health.
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cooks employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question Women at home, who are engaged in If retired from (b) Auto-

unqualified, spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemie cerebro-CAUSING DEATH (the primary affection with respect to Lobar term for the same disease. Typhoid fever Statement of Cause of Death-Name, first, the DISEASE and causation), pneumonia, Bronchopneumonia is indefinite); Tuberculosis of lungs, menin-(never using always the same accepted report "Typhoid pneumonia"); Examples: ("Pneumonia, Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sensis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichumia," "Puenperal peritonitis," etc. State cause for which ete., when a definite discuse can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart diseose; Chronic interstitial chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. ncphritis, etc. "Anacmia" Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping gcs, perilonacum, etc., Carcinomo, Sorcoma, etc., of.... (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound of "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-(merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Examples: Accidental drowning; by Carbolic acid-probably "Dropst," "Exhaustion," (Recommendations



	PHYSICIANS act statement of	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	Z	

Coun	PLACE OF DEATH 6031	STATE OF MARYLAND CERTIFICATE OF DEATH
	Y	Registration Dist. No.
Villa	ge or City bumbelland (No. 205, M	(It death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ase Uni	** COLOR OR RACE SINGLE; MARRIED, Single Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH May 30, 1915 (MORY) (Day) (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That Lattended deceased from
	May 30 1915	1912, to May 2, 1912,
7 AG	(Month) (Day) (Year) If LESS than	that I last saw h alive on
AG	1 day,hrs.	and that death occurred on the date stated above, at 7.32 m.
	yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
B Od (a	CCUPATION 1) Trade, profession, or ricular kind of work	July Burth
bu: wh) General nature of Industry siness, or establishment in ich employed (or employer)	(Duretion) yrs mos ds.
9 BI	(State or country)	Secondary (Frailion) / Yrs. mos. ds.
S	10 NAME OF FATHER & A ARIAN	(Signed) Charles / Austra, M. O.
FNH	11 BIRTHPLACE OF FATHER (State or country)	*Style the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental,
PAR	12 MAIDEN NAME POLA M. Giller	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) MA	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
	(Informant) Award Hakris M.D.	If not at piece of death? Former or usual residence
15	(Address) lumberlass Mis	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL May 30, 191 5
PA	Bray 30, 191 5 Mell Wille	20 UNDERTAKER Father ADDRESS Cumberland
	If more blanks are needed address State Registrar, 1	6 W. Saratoga St., Batto., Requesting V. S. No. 1.

....... Status are needed zadress State Registrar, l

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers —Coal mine, etc. Women at home, who are engaged in of the second statement. Never return "Laborer," "Foreman," "Manager," "Desler." etc., without more mobile factory. The material worked on may form part mill; (a) Salesmon, (b) (rowry: (n) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified,

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the he d of "Contributory." (Recommendations and consequences (e. g., sepsis, tetorus) may be stated head-homicide; Poisoned by corbolic acid-probably to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL birth or misearriage as "Preperal septichuemia," "Heart failure," "H. emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," chopmeumonia (secondary), 10 ds. Never report mere suicide. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible etc., when a definite disease can be ascertained as the "An :emia" symptoms or terminal conditions, such as "Asthenia," cough; Chronic Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritus, etc. "Tumor" for malignant neoplasms); Measles; Whooping by r. tway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coraa," The nature of the injury, as fracture of skull, "Senile," merely symptomatic), Auroman peritonitis," etc. State cause for which The contributory (secondary or intercurvalendar heart disease; Chronic interstitial etc.), "Dropsy," "Atrophy," "Exhaustion," ("Con-

If this certificate is looked ever thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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PHYSICIANS should RECORD PERMANENT classifled. -THIS å UNFADING back piain Instructions = 0 EATH OF DE OF Every Item CAUSE OF Important. 0 Z

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24 Dulice Ilf death occurred in Village or City a hospital or institution. give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE, DATE OF DEATH MARRIED, WIDOWED, ORDIVORGED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH 6 (Month) (Day (Year) TAGE It LESS than and that desth occurred on the date stated above, s' 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? POCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLERT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At nlace OF MOTHER (State or country) lo the of death _____ yrs. ____ mos. ___ State _ ds. 14 THE ABOVE IS Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 . 191.5 20 UNDERTAKER A DÓRESS Filed. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease who receive a definite salary), may be entered as it should be used only when needed. first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sareoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendatious on statement of may be stated under the head etc. State cause for For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County allagany	6933		STATE C		YLAND DEATH
			Registr	ation Dist.	No. 4
Village or City Cumbular	19 (No. 12.	Decatur	St.;	Ward)	[it death occurred in a hospital or institution, give its NAME instead
7.	- Q H	P +			of street and number.

2FULL NAME # Bertha	Lauts of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale White Single, MARRIED, Lugle Whomas ORD-WARCED (Write the word)	16 DATE OF DEATH May 7 ,1915 Alonth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Cary 24, 1896 (Month) (Day (Year)	that I last saw h allve on
7 AGE 18 yrs 8 mos 13 ds. or min.?	and that desth occurred on the date stated above, at 1/304 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Congress profession of industry.	Judiculasis of lengs
(b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory (Duration) yrs mos ds.
10 NAME OF FATHER SSI	(Signed) Visit A how Care Care Care Care Care Care Care Care
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Outten	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds.
(Interment) The Charles of My Knowledge	Where was disease contracted, It not at place of death? Former or usual residence
(Address) /2 Deedox est	Baltimore Md Date of Burial Baltimore Md May 9, 1915 20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the ness of various pursuits can be known. The questlon who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Meastes (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and quality as "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medleal Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from



-Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

S. B.

1 PLACE OF DEATH

County alle gerry	CERTIFICATE OF DEATH
and and a	Registration Dist. No.
Village or City Barrhar Cancho, M.	(If death occurred in
Village or City Brancho, No.	St.; Ward) a hospital or institution, give its NAME instead
2 FULL NAME Trancisco Tar	of street and number.]
-FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIED, WIDOWED OR DIVORCED	16 DATE OF DEATH (North) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h, 191,
7 AGE If LESS than	and that death occurred on the date stated above, at
2 4 yrs mos ds. 1 day,hrs. ORmin. ?	The CAUSE OF DEATH was as follows:
Nº OCCUPATION // CIP	Thereon I was a few to
(a) Trade, profession, or forther	78 K B. 14. 14 DE CEROLIU
(b) General nature of industry	
business, or establishment in Which employed (or employer)	(Ouration)mosds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF CA	(Outsilon) yrs mos ds
FATHER Slavio Faroaa	(Signod) Charles Barace M. O.
11 BIRTHPLACE OF FATHER 2. (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
G (State or country)	AUSES, State (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY bir and a	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country)	of deathyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death? James Course
(Interment) Ument Jarona	Former or usual residence Peidmont Wist Va
P. 1 1 1 20	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Seidmant West	Preducet What May 1913.
15 MAY 10 1919	20 UNDERTAKER ADDRESS
Filed , 191 REGISTRAR	Louis Steve Ceti
If more blanks are needed address State Registrar	

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness, employed, as At school or At horke. Care should be wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thes: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASD CAUSING DEATH, Hausemand, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to -Coal mine, etc. Women at home, who are engaged in is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, etc. If the occupation has been changed Never return Locomolive If retired from cugmeer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

* (Sume origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Urnonia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichumia," etc., when a definite disease can be ascertained as the "Heart failure," "Hæmorrhage," "Inanition," "Marasgenutal," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Broncough; Chronic volvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. Examples: Accidental drawning; rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropsy," carbolic acid—probably "Exhanstion,



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD WRITE N. B.

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
a Aller	CERTIFICATE OF DEATH
County County	X Outros of Built
206 000	Registration Dist. No.
Village or City Carreled (No. There	St; Ward) [If death occurred in
Village of City.	a hespital or institution,
7 4 7:	of street and number. T
² FULL NAME AND SULL	drer
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 7	18 DATE OF GEATH THE STATE OF SEATH
Male White Write the word	(Month) (Duy) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
~/	191V, to May 17, 191V,
(Month) (Day) , 186 (Year)	that I last saw humalive on may 23 19W.
7 AGE If LESS than	and that death occurred on the date stated above, at 110 m.
1 day, hrs.	The CAUSE OF DEATH & was as follows:
53 yrs. 5 mos. 20 ds. OR min.?	Cause of Struggly
8 OCCUPATION (a) Trade, profession, or	
particular kind of work	
(b) General nature of Industry	2
business, or establishment in which employed (or employer) In Miles	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Lopeaners Secondary
(State or country)	
10 NAME OF	(Doration) mos de.
FATHER Lawrence Tinduer	(Signed) , M.O.
M 11 BIRTHPLACE	med to 1911 (Address) well to the
On 11 BIRTHPLACE OF FATHER (State or country) C 12 MAIOEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from YIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
C 12 MAIOEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.
of Mother Son Marion	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country)	of death yrs. mes. ds. State, yrs. mee. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if net at place of death?
(Informant) Francis V Dahlbana	Fermer er
0_	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address) Omaberta OC,	LO 2 TO A CONTRACT OF BORNAL
15 MAY 27 1916 War V. It	Se Veles Cants May 2 1, 1915
Fled 191 / Mak Kurun	20 UNGERTAKER ADBRESS
REGISTRAR	Jans Stem Omiles
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever If the occupation has been changed Never return "Laborer," Locomolive engineer, (b) Auto-

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surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstilial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICINAL, or as probably such, if impossible state means of injury and qualify as "PUERPERAL perilonilis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronor misearriage as "Puenperal septichaemia," Always qualify all diseases resulting from ehild-The contributory (secondary or intercur-State eause for which Never report mere ACCIDENTAL,



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

Vil	12 FULL NAME ASS' GINGE	Registration Dist. No. The leumbulant on train Ward) If death occi a hospital or ins give its NAME of street and nu
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 S	Temple 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIODWEO, OR OLOROGED (Write the word)	16 DATE OF DEATH May / Long (Worth) (Day
6 D	Siph 26, 1873	May 32, 1915, to May 167, that I last saw h & alive on Mary 167,
7 _A		and that death occurred on the date stated above, at 7-45
(a	39 yrs mos 2/ ds. or min.? CCUPATION) Trade, profession, or	The GAUSE OF DEATH* was as follows: (all-Strus Complicate kotth findal program
(b) bus	rticular kind of work) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) yrs mos.
-	IRTHPLACE YOL	Contributory futurnel humon
. B	(State or country) Manytund	fram in orate so duden death
	10 NAME OF Crelibell Thompson	C
S	10 NAME OF STATES	Secondary Francis of the Sudue distribution of the State (Doration) yrs mos (Signed) (Signed) / Skulling (May 17, 1915 (Address) Lovacofin
	10 NAME OF CIVELLE OF LAND OF FATHER CICLIE OF LAND OF PATHER	(Signed) (Ooration) yrs mos (Signed) (Address) Arrange (Address) Arrange (Address) Arrange (Address) (CAUSING DEATH, Or, in deaths from TAL, SUICIDAL, Or HOMICIDAL.
ARENTS	10 NAME OF CIVELIBRIT OF FATHER CICLIBRIT OF FATHER (State or country) Seatland 12 MAIDEN NAME OF THE STATE	Secondary (Signed) (Signed) *State the Disease Causing Death, or, in deaths from to Causes, state (1) Means of Injury; and (2) whether A Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, institutions, Than or Recent Residents) At place of death yrs. mos. ds. State yrs. mos.
PARENTS	10 NAME OF FATHER CICLION L Thrus parm 11 BIRTHPLACE OF FATHER (State or country) Sevelland, 12 MAIDEN NAME OF MOTHER CLIM Thrus parm 13 BIRTHPLACE	Secondary (Signed) (Signed) *State the DISEASE CAUSING DEATH, OF, An deaths from V CAUSES, state (1) MEANS OF INJURY; vand (2) whether A TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN OR RECENT RESIDENTS) At place In the

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write Nonc. been changed or given up on account of the miseAse Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Tuerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 2 1915
BUIREAU, V.S.

PERMANENT RECORD

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Village or City County Holons, 2 2FULL NAME 1 PLACE OF DEATH 6037 (No. 1003, 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Not Sortupud When G DATE OF BIRTH **COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Wordly ORDIVORCED (Write the word)	16 DATE OF DEATH May 10, 1915 (Mond) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
May 10, 1915 Month) (Day (Year)	that I last saw h word llbon ,1915.
TAGE If LESS than 1 day,hrs. yrsmosds. ORmin.? **BOCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) Pairthplace (State or country)	Contributory Secondary
10 NAME OF FATHER VILLAUMOND 11 BIRTHPLACE OF FATHER (State or country) 12 W 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) JA. 191 5. (Address) Jacobs Man Jac
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death?
(Informant) Slice Find Find (Address) Communication and 15 1915 May Multan REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PLANT H, 1915 20 DESTRACE Tracker ADDRESS FOR FORMER OF BURIAL PLANT H, 1915 ADDRESS FOR FORMER OF BURIAL PLANT H, 1915 ADDRESS FOR FORMER OF BURIAL PLANT H, 1915 FOR FORMER OF BURIAL FOR FOR FORMER OF BURIAL FOR FORMER OF BURIAL FOR FORMER OF BURIAL FO

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) The question The

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. genital," "Senile," ctc.), nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-"Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis iess definite; avoid use of "Tumor" for malig-The contributory Always qualify aii diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 3 1915
BUREAUNS.

PHYSICIANS t statement of 1 PLACE OF DEATH

County alers and

Outside of STATE OF MARYLAND

Registration Dist. No.

If death occurred in

[Approved by U. S. Census and American Public Health Association.]

write Nane. state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired Housemail, etc. If the occupation has been changed wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day labarer, Farm labarer, Laborer of the second statement. "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Tracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the For-many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributery." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or nomicidal, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent beaths "Puerperal peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," "An:emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conete., when a definite disease can be ascertained as the genital," chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whoaping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or intercurete.), "Dropsy," "Exhaustion," State cause for which ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 21915
BUTREAUNS.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 6039 County Allegant	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Madathian (No. 1)	St.; Ward) [It death occurred to a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw ham alive on may 5, 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work	Cancer of Liver (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Costland 10 NAME OF FATHER Samuel Marthian	Contributory (Secondary) (Duration) yrs mes ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Soulland	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant) Mullottuan (Address) Mullottuan	foot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER ADDRESS M. Haffener Figstburg
II more Dianus are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinoses

ture of the American Medical Association.) such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," etc. (name origin; "Candeath), 29 ds.; State cause for Never report



V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
Countyallegary	CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City Carroland (No. R. F. P. #	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May, 24, 1916 (Month) (Day) (Year) 17 A I HEREBY CERTIFY. That I attended deceased fro
6 DATE OF BIRTH Wov 22 , 1860 (Month) (Day) , 1860	that I last saw h M alive on Muy 23, 1910
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Chromes Sutustieral Megrita about (Duration) V yrs mos
9 BIRTHPLACE (State or country)	Secondary Astratourallons yrs. Z mos.
10 NAME OF FATHER Samuel Brint	(Signed) Style Court of the Signed of the Si
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from Vortal, Causes, state (1) Means of Injury; and (2) whether Accidental, Styledal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death
(Informant) Phillip Market	if not al place of death? Former or usual residence
(Address) Cussbarland Mid 18F.P=	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF SURIAL O
Filed May 24, 1912 Described REGISTRAR	John @ Wolford andress
If more blanks are needed, address State Registrar,	16 N. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile foctory. The material worked on may form part "Foreman," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Campositor, Architect, Locomotive engineer, Civil cer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever various pursuits can be known. The question Women at home, who are engaged in Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchapneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and eonsequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicularium, "Puerperal perilonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" ete., when a definite disease can be ascertained as the "Heart failure," "H: emorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthonia," cough; Chronic valvular heart disease; Chronic interstitial ges, perilonocum, etc., Carcinoma, Sarcomo, etc., of chopneumonia Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercurby carbolic acid-probably "Dropsy." Never report mere (Recommendations "Exhaustion," ACCIDENTAL, ("Con-



N.B.

SICIANS Itement of	Coun	PLACE OF DEATH 61141	STATE OF MARYLAND CERTIFICATE OF DEATH
Sic			Registration Dist. No.
Exact sta	Villag	ge or City Canal and (No.215' Cold	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXA	AUG.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Year)
se s seri	6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That Vattended deceased from
hould be sta be properly certificate.		OCT 2/ 1853	74 Feb. 7
shoul sy be p	7 AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at
AGE s it may back of		6/ yrs. 6 mos. 15 ds. OR min.?	The CAUSE OF DEATH * was as follows:
refully supplied. n terms, so that instructions on	par	CCUPATION) Trade, profession, or ricular kind of work) General nature of industry	
y su ms, ucti	bus	siness, or establishment in ich employer)	(Duration) yrs\ mosds.
ain term e instruc		RTHPLACE (State or country)	Contributory Secondary (duration) / yrs mos. ds.
uld be call H in plai	10	10 NAME OF STATHER & STATELY	(Signed) The W. M. J. M. O.
ion should F DEATH important	ENTS	of Father (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
	PARE	12 MAIDEN NAME MANAB Erscherich	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
form USE Is ver		13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place to the the of death yrs
O CA	14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
state ATI		(Informant) Charley III (or survey	Former or usual residence
Every item of should state OCCUPATIO		(Address) Cumplendand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Shoul	15	May & 1918 Mark Ve often	20 INDERTAKER ADDRESS
0	rate	REGISTRAR	TOMOS YOM Runhaland

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. C yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm labarer, Laborer the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, business or industry, and engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. Coul mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-Women at home, who are engaged in therefore an additional line Locomotive engineer, But in many cases, If retired from The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEFATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumania, Bronchapneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. head-homicide; Poisaned by carbolic Struck by railway train-accident; Revolver wound SUICIDAL, or no momental, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. birth or miscarriage as "Puerperal suptichuumia," "Puerperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weekness," cause. genital," "Senile," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measks (disease eausing death), 29 ds.; Browrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercurete.), g., sepsis, tetanus) may be stated "Dropsy," Never report mere acid-probably "Exhaustion," ACCIDENTAL,



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

1 DI ACE OF DEATH

	2 FULL NAME Ratherine 7	The Huight give its NAME in of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Day)
6 DAT	E OF BIRTH Occ 9, 1880 (Month) (Day) (Year)	May 104 , 1915, to May 174 , that I last saw h W alive on May 16
7 AGE		and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: /
(a) parti (b) busin whice	Trade, profession, or cular kind of work General nature of industry less, or establishment in hemployed (or employer)	(Buration) 3 yrs. mos.
ENTS	State or country) 10 NAME OF FATHER Charles 7 Mc Knight 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PAGE 15 WARREN OF WARREN	(Signed) (Buration), yrs. mos. (Signed) (Address) (Address) (Address) (State the DISEASE CAUSING DEATH, or, in deaths from Viol. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) May Require Mc Kuraly	OR RECENT RESIDENCE (FOR ADSPITATES, INSTITUTIONS, I AAN OR RECENT RESIDENTS) At place In the of death

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopucumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," lapse," under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, Struck by railway train—accident; Revolver wound to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopmeumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Heart failure," "Hemorrhage," "Inanition," "Marascough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... or misearriage as "Puerperal septichuemia," "Old Age," "Shock," "Uracmia," "Weakness, "Senile," etc.), "Dropsy," carbolic acid-probably State eause for which "Exhaustion,"



PLACE OF DEATH

CERTIFICATE OF	DEATH
Village or City Course of No. S. A. Legany St.; Ward) 2 FULL NAME Stella Redmond Macbeth	[If death occurred in a hospital or institution, give its RAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sing & 16 DATE OF DEATH May (Month)	(Day) , 1913 (Year)
6 DATE OF BIRTH COUNTY OF BIRTH March (Month) (Day) , 185 that I last saw h Malive on Month	y 10 1915
TAGE TAGE TAGE TO STREET THE CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:	
(a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) PRINTIPLACE PRINTIPLACE (Buration) Contributory Printiplace Contributory Contributory	yrs da
Nelaware City, Delaware Delaware City, Delaware City, Delaware Delaware City, Delaware C	dontha from Viorpam
of Mother Sarah Redmond 13 BIRTHPLACE OF MOTHER (State or country) Congland (State or country) Congland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mand. Anne M. Lurman (Informant) M. Lurm	TITUTIONS, TGANSIENTS
(Address) Combernany, Mar hill Cometany M	May 12, 191

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Furmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Poisoned by earbolic acid-probably surgical operation was undertaken. For violent deaths ete., when a definite disease can be ascertained as the "PUERPERAL perilonitis," etc. birth or misearriage as "PUBRPERAL septichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Anzenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "H. emorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which (Recommendations Never report mere "Exhaustion,"



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PERMANENT UNFADING INK-THIS liddus WITH WRITE

state Very should is PHYSICIANS shoul RECORD certificate. 6 back 00 See instructions 5 DEATH OF mportant. Every It

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.:----Ward) a hospital or institution, give its NAME instead of street and number.] Maloy PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h. LAM. alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, 4 lass nacu business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 13 . 1915 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State _____ yrs. ___ mos. _ Where was disease contracted. If not at place of death?.. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar

If more blanks are needed, address State Registrar, 6 E./Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

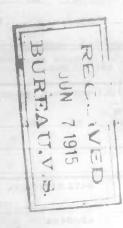
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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, the nature of the business or industry, and therefore an who have no occupation whatever, write None. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, As examples: The (4)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); Lobar pncumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal prospinal fever (the only definite synonym is "Epidemic ceretlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report (avoid use of "Typhold

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of (name origin; "Can-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for Never report Ex-



DINDINO C 0 0 SERVE Ш C ARGIN

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH UN	CAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.

15

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Countys Registration Dist. No. Ilf death occurred in Village or City -Ward) a hospital or institution, give its NAME lostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. 191.0 WIDOWED, ORDIVORCED MANTLE (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from that I last saw h. (Day alive on (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration)2011 which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE, 191 5 ... (Address). OF FATHER *State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country State 3 / vrs. 11 mos. 20 ds Where was disease contracted. 14 THE ABOVE UE TO THE BEST OF MY KNOWLEDGE if not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 4.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealcr," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return "Laborer," "Foreman," Women at home, who are engaged in the The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," OF



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

1

PLACE OF DEATH	STATE OF MARYLAND
County Allogaring 6040	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cumberland (No. 31	Ward) [If death occurred in
	a hospital or institution, give its NAME Instead
2 FULL NAME Clyman	Marline of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OR RACE 5 SINGLE, MARRIED, Surgle	16 DATE OF OEATH 5-20 1015
White Wilder Wildowed On DIVORCE'S (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
MoHel 1to 1914	, 191, 19
(Month) (Day) (Year)	that I last saw harmalive on 570, 191 ,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
yrs mos ds OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or And 8	(John)
particular kind of work	
(b) General nature of industry business, or establishment in	(Duratien) yrs. mos. ds.
which employed (or employer)	(e-1;
9 BIRTH PLACE (State or country)	Contributory Secondary
10 NAME OF . P.	(Boralion) 718 moe de
FATHER George Martin	(Signed) , M. O.
11 BIRTHPLACE OF FATHER	May 22, 1815 (Address) Limiterland
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER POSERLINE HELMAN to the	*State the DISPASS CAUSING DEATH, or, in deaths from Violegy, CAUSES, state (1) Wears of Injury; and (2) whether Accional Violegy of Homicioal.
of MOTHER Josephinis Helmin to the	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place to the
(State or country)	ef deeth yrs. mes. ds. State, yrs. mes. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If net at place of death?
(Informant) Lov. Martas	Fermer or usual residence
(Address) 31 Holland St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 61 22 AYN 191 Mex Litter	20 UNOMRTAKER ADDRESS
REGISTRAR	Louis Sleere City
If more blanks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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RECORD PERMANENT UNFADING WITH PL

state Very should is OCCUPATION PHYSICIANS Jo statement EXACTLY Exact classified. pe properly ACE supplied. pe may certificate. carefully that 90 o back terms. 5 plain Instructions Information 2 DEATH See Item OF mportant. ш Every m ż

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. It death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] moon 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH 1919 WED. (Month) (Dave (Year) ORDIV. word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE if LESS than and that death occurred on the date stated above, at.... 1 day hrs. The CAUSE OF DEATH * was as Joliows ____sb____som___som___ OR .min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry. business, or establishment in (Duration) ______wrs.____mos.___ which employed (or employer) -----9 BIRTHPLACE (State or count Contributory. Secondary (Doration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE Coursepular ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ ds. State _____ yrs. _ Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligmia," "l'uerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Tuerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent)



1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers of the second statement. is provided for the latter statement; it should be used husiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cion, Compositor, Architect, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Never Locomotive etc., without more return engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," mus, on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Anuemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonio (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of or misearriage "Old Age," "Shock," "Uracmia," "Weakness," "Senile," The contributory (secondary or intercuretc.), as "Puerperal septichoemia, "Dropst," State cause for which Never "Exhaustion, report mere ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. S. No. 1.

RECORD ENT RMAN UNFADING

STATE OF MARYLAND SIGIANS should state OCCUPATION Is very CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred lo PHYSICIANS St.:...Ward) a hospital or Institution. give its NAME losfead of street and oumber.] 10 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 16 DATE OF DEATH 6 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Day) (Year) (Month) pe If LESS than 7 AGE and that death occurred on the date stated above, at pinoda 1 dayhrs. OR 7 properly BOCCUPATION (a) Frade, profession, or parficular kind of work. (b) General nature of industry. supplied. pe business, or establishment lo (Duratioo) may which employed (or employer) certificate. Contributory..... 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER/ (Signed) 80 90 S back 11 BIRTHPLACE (Address) terms, ARENT OF FATHER (State or country) should State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-UO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. In plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. mos, EATH Stafe yrs, ____ mos. ds. Where was disease confracted. If not at place of death?... of 0 Former or (Informant) ... OF usual residence. important. Every Itc 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' 15 20 UNDERTAKER ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sucb, if impossible to determine definitely. childbirth or miscarriage, as "Purpresal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Ohronio interstitial nephritia cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlie," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Examples: FOT VIO-



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state Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. stated properly classified. 4 should UNFADING INK-THIS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH be should of Information DEATH in plai WRITE CAUSE OF Important.

15

1 PLAGE OF DEATH 6049 PERSONAL AND STATIST 4 COLOR OR RACE DATE OF BIRTH (Month TAGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishmenf in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred la a hospital or Institution, give its NAME Instead of sfreet and number.]

DATE OF DEATH (Mofth) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 191 to 191 It I last saw h alive on 191 I that death occurred on the date stated above, at 4-30 a m. CAUSE OF DEATH* was as follows: to Due Probably Valvulus Auant twible and the date stated above, at 4-30 a m. (Buration) yrs. mos. ds. Contributory Secondary
it I last saw h allve on ,191 , 191
t I last saw h allve on ,191
that death occurred on the date stated above, at 4-30 a.m. a CAUSE OF DEATH* was as follows: to Due Probably Valvalus Least trouble Linea but a few meents after the attacks (Duration) yrs. mos. ds. Contributory
Scause of Death* was as follows: to Due Probably Valorelus Leart twible Sued but a few increases afte the attacks (Duration) yrs mos ds. Contributory
Due Probably Valvulus Least trouble Lined but a few insments after the attacks (Duration) yrs. mos. ds.
a fun invente afte the attacks (Duration) yrs mos ds.
(Duration)
Contributory
(ned) Bouche M. D. (Address) Burton V.
*State the Disease Causing Death, or, in deaths from Violent Auses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) place In the death yrs mos ds ere was disease contracted.
mer or
ial residence. See the second
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
UNDERTAKER Boal Burton

If more blanks

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that faet may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite syuonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant peoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS STATE MEANS OF INJURY and qualify as mia," "PUBLIFERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. genital," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

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BUREAU, V.S.

BINDING FOR ESERVED ď MARGIN

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. be properly pe supplied. UNFADING may certificate. 1 that 80 0 back terms. should UO plain Instructions Information 2 of Inform DEATH See instru WRITE FO Every Item CAUSE OF Important,

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state

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF 4 COLOR OR RACE MARRIEO. 191 WIDOWED. (Month) (Dav (Year) ORDIVORCED (Write the word) 17 CERTIFY, That, I attended deceased from OF BIRTH (Month) (Day (Year) It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) mos which amployed (or amployer' 9 BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

ut himan		111 1112			
ot death yrs mos	ds.	State	yrs.	mos.	d
Where was disease contracted,					
It not at place of death?					
Former or					

usual residence

OR RECENT RESIDENTS)

DATE OF BURIAL 191.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR

At place

20 UNDERTAKE

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foxeman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

"Hart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaegenital," "Senile," etc.), "Dropsy," "Exhaustlon," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. ctc, when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head (secondary or intercurrent)

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JUN 2 1915
BUREAU, V.S.

IANS ent of	PLACE OF DEATH County Allegany 6051	STATE OF MARYLAND CERTIFICATE OF DEATH
HYSICIAN statement	As I a	Registration Dist. No.
CTLY. P. Exact	Village or City Cumbridge (No. 2, 6, 2, 6)	Grand St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
assified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o c	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WILDOWSED OR DIVORCED (Write the word)	16 DATE OF DEATH (Morth) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
be s perlicat	6 DATE OF BIRTH	, 191 , to
nould be st be properly certificate	(Month) (Day) , 1914 (Month) (Day) , Year)	that I last saw halive on, 191,
o to	7 AGE / - If YESS than	and that death occurred on the date stated above, atm.
AGE sit may	yrs, mos, ds, dR min. ?	The CAUSE OF DRATH * was as follows:
that	8 OCCUPATION (a) Trade, profession, or	P P P P P P P P P P P P P P P P P P P
so t	particular kind of work	Trynancy
	(b) General nature of Industry Dusiness, or establishment in which employed (or employer)	(Buration) yrs mos. ds.
ain terms	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs mos ds.
be din pl	10 NAME OF AM.	(Signed) when Illufried M. O.
EATH portant.	U II BIRTHPLACE OF FATHER (State or country) Trigina	Marie the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
impo	(State or country) (State or country) (State or country) (State or country) (An idea of Mother Landstup Violent Vi	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
format USE O s very	13 BIRTHPLACE OF MOTHER O(State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place of deathyrsmosds. Stata,yrsmosds.
NO.	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whara was disease contracted, If not at place of death?
tate ATIO	(Informant) John K. Lissinfrid	Former or usual residence
Every item should state	(Address) Curchneagl Ml,	19 PLACE OF BURIAL OR REMOVAL TOMBOF, BURIAL
sho	15 Mar 3 Max Villa	20 UNDERTAKER
00	Filed REGISTRAR	Mm Micewarian acroseland
2	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." etc., without more mill; (a) Salesman, (b) Grocery: (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar : pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcomu, etc., of......... (name origin; "Cancer" is less definite; avoid use of etc., when a definite disease can be ascertained as the "Heart failure," "Hecmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-"Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercurby carbolic acid-probably "Puenperal septichaemia, "Dropsy," "Exhaustion," (Recommendations Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



No. vi

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PHYSICIANS RECORD PERMANENT EXACTLY. stated 4 pe IS pinous UNFADING INK-THIS AGE carefully supplied. WRITE PLAINLY, WITH pe

TAGE

ARENTS

15

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

(Informant)

(Address).

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in

which employed (or employer)

state Very PHYSICIANS should of OCCUPATION IS properly classified. Exact statement pe may certificate. that It 80 ō See instructions on back plain terms. of Information should DEATH in plain terms CAUSE OF Important.

1 PLACE OF DEATH 6052 County. Viilage or City ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS S SINGLE,
MARRIED,
WIDDWED,
ORDIVORCED
(Write the word) 3 SEX 4 COLOR OR RACE DATE OF BIRTH

(Day

MY KNOWLEDGE

REGISTA

(Ye

If LES

1 day,...

OR

(Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;....Ward)

If death occurred in a hospital or institution, give its NAME instead

	CERTIFICATE C	F DEATH	
16 DATE OF DEATH	5-	31	19
**************************************	(Month)	(Day	(Y
17 , I HEREBY	CERTIFY, That	I attended de	ceased
5/3/,1	91.5., to	5/31	1:
that I last saw h LAA. sī			
and that death occurred o	on the date state	d above et	3,30
The CAUSE OF DEATH*			*****************
/ 1/1/ f.	Gerra.		
	*******************************	****************	***********
***************************************	(Duration)	yrs,	mos
Contributory M	alirnal	Lus	0
Secondary			
A	(Pyration)	yrs	.mos
(Signed) Leo C	IV Will	110	
5/21	6		/
, 191.5. ((Address)	KAM	<u> </u>
*State the DISEASE C	AUSING DEATH, O	r, in deaths f	rom VI
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	.NS OF INJURY; & CIDAL.	ind (2) whet	her Ac
	05/500 11000000	LINETITUTIONS	TRANS
16 LENGTH OF RESIDEN	CE FOR HOSPITALS		
16 LENGTH OF RESIDEN OR RECENT RESIDENTS)			
At place	In the		mos
OR RECENT RESIDENTS)	In the		. mos
At place of death yrs mos.	In the State		. mos
At place of death yrs mos. Where was disease contracted, if not at place of death?	ds. State	yrs,	. mos
At place of death	In the State	yrs,	. MOS. ,
At place of death yrs mos. Where was disease contracted, if not at place of death?	In the State	yrs,	
At place of death	In the State	DATE OF	BURIAL
At place of death yrs mos. Where was disease contracted, if not at place of death? Former or usual residence	In the State	DATE OF	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very lonportant, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the ocenpation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convnisions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1.

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Coun	ty alligary
Villag	ge or City Camberland (No. Allego 2 FULL NAME Daniel faise
2	PERSONAL AND STATISTICAL PARTICULARS
3 SE:	MARRIED, WIDDWED OR DIVORCED (Write the word) Wishower
6 DA	TE OF BIRTH
	(Month) (Day) (Year)
TAG	1 LESS than 1 day, hrs. OR min.?
(b) bus whi	Gameral nature of Industry incess, or establishment in the employed (or employer). B. D. Bannal. RTHPLACE (State or country)
	10 NAME OF FATHER STOLE KNOW
ENTS	11 BIRTHPLACE OF FATHER (State or country) // //
PAR	12 MAIDEN NAME OF MOTHER
	13 BIRTHPLACE OF MOTHER (State or country) H
	(Informant) Fredrick & Kuse
15	(Address) Comberland Md
File	May 20, 191 Max Jutton

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CE	RTIFICATE OF	DEATH	
6 DATE OF DEATH	May (Month)	19- (Day)	, 1915 (Year)
HEREBY CERTIF	5 to m	nded decea	sed from , 191.5.,
and that death occurred on the CAUSE OF DEATH * v			t Zm.
chronic De			
Signed) + 13av	(Juration)	urlud	osds, M. 0,
8 LENGTH OF RESIDENCE (FOR RECENT RESIDENTS) At piece of deeth yrs. mes. 4 Where wes disease contracted, if not at place of death? Former or usual rasidence	or Hospitals, In the de. State, Let Iron A Tom	Sout K	RANSIENTS,
PLACE OF BURIAL OR REP OLD John M OUNDERTAKER Lyrio Ster	ed .	MAY 11 ADDRESS	, 1915 <u>~</u>

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid poeumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," nenin-indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, lutanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shoek," "Uracmia," "Weakness," or miscarriage by railway train-accident; Revolver wound The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL,

If this eertificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT BINDING FOR RITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN CAUSE Important V. S. No. 1.

N Z

Village or City Westernfork (No. 2FULL NAME Not Man	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [if death occurred is a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE SINCLE, MARRIED, Borry WIDOWED, OR DIVORCED (Write the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
May 25 (Month) (Day (Year)	that I last saw harma alive on May 35 1915-
7 AGE If LESS than 1 daylog thrs. yrs	and that death occurred on the date stated above, at $g - a - m$. The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mes ds.
10 NAME OF FATHER DUM aneal	Contributory Secondary (Duration) yrs mos ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 191
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs. mos. ds State yrs, mos. ds Where was disease contracted, if oot at place of death?
(Informant) Annie Freisneught (Address) Westernfort	Former or asual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed. ,191 REGISTRAR	Westernstock Md 5 = 25 , 1915 - 20 UNDERTAKER To Herben Diedungh
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the additional live is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart farm," "Haemorrhage," "Inanitlon," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, childbirth or miscarriage as "Puerreral septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..,..... (name origin; "Can-"Contributory." sopsis, totanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause, etc., when a definite disease can be ascertained as the genital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Semle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-

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DEATH

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Every It

Information

RECORD

6055 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED. ORDIVERCED (Write the word) 6 DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than f day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country Contributory 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence. 15 20 UNDERTAKER REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred is a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from that death occurred on the date stated above (Ouration)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

in the State yrs mos ds

OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers munc, etc. fication as Day laborer, Furna borer, Laborer Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the Jusiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never · returu Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberquelesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal schiichac "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig "Puerperal peritonitis," etc. State cause for tctanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 7 1915
BUTTEATTALS.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Macming (No. 2 FULL NAME AND MANY)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OF RACE SINGLE, MARRIED, EVILON WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the Word) 6 DATE OF BIRTH March 230, 1839	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Day (Year) 18 DATE OF DEATH (Month) (Day (Year) 19 Day (Year)
7 AGE (Month) (Day (Year) 7 AGE 1 to LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at Am, The CAUSE OF DEATH* was as follows:
b particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Scotland	Contributory acute Languetts Secondary
10 NAME OF FATHER Save & Fleming 11 BIRTHPLACE OF FATHER (State or country) Colland 22 MAIDEN NAME OF MOTHER Margarit Milling	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Sevelund 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) And Estimate (Address) Anacoming	OR RECENT RESIDENTS) At place to the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
FHED May 2-9, 1945 Poly Hullock REGISTRAR If more blanks are needed, address State Registra	20 UNDERTAKER ADDRESS 1

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care statement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Mcdical Association. "Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N.B.

61156 1 PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Man (No	St.; Ward) a hospital or institution, give lts NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	16 DATE OF DEATH (Minth) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH Solution (Mark) (Mark) (Mark) (Mark)	Several months 4, to may 5, 1915, that I last saw him alive on May 4, 1915
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
(a) Irade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which amployed (or amployer)	Thelelian Francisco 2 mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) yrs
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN	*Atate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OCL	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted.
(Informant)	If not at place of death? Former or usual residence.
(Address). To he hard Mines Mid Filed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as "Puerperal septichae etc., when a defluite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Courulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Seuile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," Never report

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state Very

PHYSICIANS should OCCUPATION

Exact statement

classified.

properly

RECORD

	PLACE OF DEATH
Co	unty allegany
Vii	age or City Guntuland (No. 103
	2FULL NAME Wellbarn G
	PERSONAL AND STATISTICAL PARTICULARS
351	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDINACED (Write the word)
6 D	TE OF BIRTH
	(Month) (Day (Year)
TA	
(a)	Yrs
(a) paid (b) bus whi	CCUPATION Trade, profession, or ticular kind of work
(a) paid (b) bus whi	CCUPATION Trade, profession, or ticular kind of work
(a) paid paid paid paid paid paid paid paid	GCUPATION Trade, profession, or ticular kind of work General nature of industry, ness, or establishmant in the employed (or employer) RTHPLACE (State or country) TO NAME OF
(a) paid (b) bus whi	CCUPATION Trade, profession, or ficular kind of work General nature of industry, ness, or establishmant in the employed (or employer) RTHPLACE (State or country.) 10 NAME OF FATHER 11 BIRTHPLACE
(a) paid paid paid paid paid paid paid paid	CCUPATION Trade, profession, or ticular kind of work General nature of industry, ness, or establishmant in the employed (or employer) RTHPLACE (State or country) Combulant May 10 NAME OF FATHER OF FATHER (State or country) W Vu 12 MAIDEN NAME
PARENTS (q) (q) (q) (q) (q)	CCUPATION Trade, profession, or ticular kind of work. General nature of industry, ness, or establishmant in the employed (or employer) THPLACE (State or country) Combuland My 10 NAME OF FATHER THE ATTO Provided 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER THE COUNTRY THE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

arch indfoot (St.; Ward)	[it death occurred in a hospital or institution, give its KAME instead of street and number.]
	AL CERTIFICATE OF I	
B DATE OF DEATH	may (Month)	2 6 , 191/5 (Day (Year)
7 I HERE	BY CERTIFY, That I at	
	dead ma	
he CAUSE OF DEATH	d on the date stated ab	156
Contributory		Vrs. mas ds.
Signed) Q X	(Duration)	yrs mos ds.
may 26, 1915	(Address) Ount	alone high
*State the DISEASE	CAUSING DEATH, or, In EANS OF INJURY; and MICIDAL.	deaths from VIOLENT
BLENGTH OF RESIDI	ENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS,

18 LENGTH OF RESIDEN OR RECENT RESIDENTS At place in the State _____ yrs.

Where was disaase contracted.

If not at place of death? Former or

usual residence OR REMOVAL

DATE OF BURIAL

20 UNDERFAKER

that I last saw h

(Signed)

and that death occurred

The CAUSE OF DEATH

17

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

No.

important CAUSE

N.B.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not minc, etc. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

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mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonities," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from " "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of (secondary or intercurrent)

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state Very CUPATION IS statemen properly supplied. Pe may certificate. 80 0 back terms, pino 0 plain See instructions EATH ŏ ۵ Item OF mportant.

Every ite

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6060 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred la a hospital or Institution. give Its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) onth) (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death _____ yrs. ___ State _____ yrs, ____ mos. _ Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or (Intermant) usual residence OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks ard needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PUREAU,V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

County allegacies 6:161	STATE OF MARYLAND CERTIFICATE OF DEATH
6,6	Registration Dist. No.
Village or City ON STATE (No	St.; Ward) [It death occurred in a hospital or institution,
2 FULL NAME Thomas Reyn	olds give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
In the white Simele, MARRIED, WIDOWED OR DIVERCE DU MOWEL	16 DATE OF DEATH July 3/ ,1915 (Year)
Supt Js, 1539	17 I HEREBY CERTIFY, That I attended deceased from may 5, 1915, to be y 3, 1915, that I last saw h malive on May 3, 1915.
7 AGE if LESS than 1 day, hrs.	and that death occurred on the date stated above, at / 3 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work Billy Tracket Billy Tracket	Cula Humly
(b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) yre, mos 2 5 de,
9 BIRTHPLACE (State or country) In any Cand	Contributory Secondary (Buration) yrs mos 5 ds
on There Francis Teyrolds	(Signed) Filay Ghrunay, M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIDAL OF HOMICIDAL.
of MOTHER Callerin Ofola	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BERTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs. moe. ds. State, yrs, mos. ds. Where wes disease contracted,
(Informant) Felix he Rey wolds	If not at piece of deeth? Former or usual recidence
(Address)/100 Long wood St Beltimory Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Serves Ind.
Filed June 1, 1915 Falsh his	20 UNDERTAKER APDRESS Frotburghed
If more blanks are needed; address State Registrar, 1	6 W. Saratoga St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Crusus and American Public Health
Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton write None. "Foreman," "Manager," "Dealer," etc., mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, etc. The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular luart disease; Chronic interstitial Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "Puerperal perilonitis," etc. ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," rent) affection need not be stated unless important. nephritis, etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," ACCIDENTAL,

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1 PLACE OF DEATH STATE OF MARYLAND Verv CERTIFICATE OF DEATH 99 pinous PHYSICIANS should of OCCUPATION Registration Dist. No. RECORD a hospital or institution. give Its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 191.3 WIDOWED, Y (Month (Day (Year) ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw h (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day hrs. THIS The CAUSE OF DEATH* was as follows:ds. ORmin. ? BOCCUPATION 5 (a) Trade, profession, or INK particular kind of work. (b) General nature of industry. UNFADING business, or establishment in (Duration) may which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 80 of 11 BIRTHPLACE pino ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 급 OR RECENT RESIDENTS) 13 BIRTHPLACE At place 74 In the OF MOTHER EATH (State or country) State _____ yrs, ____ mos. ___ _____ yrs. ____ mos. ___ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? ā Former or (Informant) OF usual residence Every Iter CAUSE C PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR z If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of ago. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

Laboured

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent)

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NB/3 .1915

PLACE OF DEATH 6462	STATE OF MARYLAND CERTIFICATE OF DEATH	
County all sang All	Registration Dist. No.	
Village or City Cesnal W. Land (No. 5' W. 14	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead	
2 FULL NAME 2 FINAL SOL SOL	ward James Index of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED GR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH May 28 (Month) (Day) (Year)	
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from	
: Nmal 28 1915	1910 to 1910,	
(Month) (Day) (Year)	that I last saw have alive on 1910.,	
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at	
yrs,ds. OR mia.?	The CAUSE OF DEATH * was as follows:	
OCCUPATION (a) Trade, profession, or	Still born	
particular kind of work		
(b) General nature of Industry Dusiness, or establishment in which employed (or employer)	(Ouretton) yrs mos ds.	
9 BIRTHPLACE (State or country)	Contributory Secondary (Burgliss) Yrs. mos. ds.	
on 11 name of Farmand James Rider	(Signed) , M. O	
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.	
d OF MOTHER Lasa Mariana	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country)	At placs to the sf deeth yrs. mss. ds. State, yrs. mss. ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?	
(teformant) J. O.S.O. M. J. O.S.O. M. J. O.S.O.	Former or usual residence	
(Address) Compression	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Flied AY 2.9 1915 91 / REGISTRAR	20 UNDERTAKER Wolferd Cumberland	
If more blanks are needed, address State Registrar, 1	6 W Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Lealer," etc., without more mobile factory. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Broachopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. State cause for which cause. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage Always qualify all diseases resulting from childas "Puenperal septichaemia, Never (Recommendations report mere wound of

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1 PLACE OF DEATH

STATE OF MARYLAND

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[Approved by U. S. Census and American Public Health
Association.]

employed, as At school or write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile fuctory. The material worked on may form part mill; (a) Salesman, (b) Groscry; (a) Foreman, (b) Autoonly when needed. especially in industrial employments, it is necessary to engineer, Stotionory freman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton At home. Care should be Locomotive engineer, Civil But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

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JUN 2 1915
BUREAU, V.S.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. certificate. 4 UNFADING INK-THIS IS DEATH in plain terms, so See instructions on back of PLAINLY, WITH CAUSE OF Important, S

PLACE OF DEATH	6:164
Gounty allegary	(
Village or City Med Land 2FULL NAME Corral	(No.
FULL NAME	n rough

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	may 3rd 1915, to May 17, 1915, that I last saw home alive on way 14, 1915
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) — yrs. — mos. 4 ds.
9 BIRTHPLACE (State or country) Williams Md	Contributory Secondary (Duration) 7 yrs mos ds.
FATHER Trank y Alorge 11 BIRTHPLACE OF FATHER (State or country) Value Rummir and 12 MAIDEN NAME OF MOTHER A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIPAL.
of MOTHER Jamina, Davis 13 BIRTHPLACE OF MOTHER (State or country) hudtsthan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Travel S Shark	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Millsud Mel	19 PLACE OF BURIAL OR REMOVAL D'ATE OF BURIAL Prostour g 20 UNDERTAKER LECTURE SELECTION 10 Lacoung
REGISTRAR If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

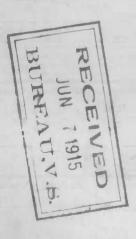
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ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

pneumonia"); icsis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubereuprosbinar fever (the only definite synouym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid Lobar pucumonia; Bronchopneumonia fever (never report "Typhoid Carcin-

> uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopheumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of State cause for

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PHYSICIANS EXACTLY. RECORD PERMANENT properly BIND may THIS that supplied 0 terms, See in Ca ponou ATH PLAINLY, N L information AUSE OF D WRITE -Every item of inshould state CAI

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in Village or City St.: Ward) a hospital or institution. give its NAME instead ef street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED OR DIVORCED That I attended deceased from DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than of 1 day, hrs. was as follows: OR min. ? 8 OCCUPATION LO (a) Trade, profession, or parlicular kind of work (b) General nature of industry instructi business, or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER ENTS 11 BIRTHPLACE OF FATHER (State or country) "State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, PAR 12 MAIDEN NAME SUICIDAL OF HOMKIDAL OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country 67 YES. mos.ds. Stato,yrs.mos. Where was disease contracted, if not al place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15 UNCERTAL Filed REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Gensus and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Fealer," etc., without more precise specification as Day luborer, Form laborer, Loborer mobile factory. mill; (a) Solesman, (b) (rocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fremon, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part If the occupation has been changed Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

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DUN 51918
BURBAULVED

Goun		CERTIFICATE OF DEATH Registration Dist. No.		
Villag	go or City Cuculeslaced (No. Cle) 2 FULL NAME Mary E. S.	(If death occurre a hospital er institution of street and number		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	color or race 5 SINGLE, MARRIEO, MUIOWEO OR OIVORCEO (Write the word)	16 DATE OF DEATH May 19 (Month) (Day) (Yo		
E	TE OF BIRTH The 15 1882 (Month) (Day) (Year)	HEREBY CERTIFY, That I attended deceased f May 1911, to May 19 that I last saw h alive on may 19 19		
7 AG		and that death occurred on the date stated above, at		
instructions whi	OCUPATION) Trade, profession, or ticular kind of work) General nature of Industry slaess, or establishment in ich employed (or employer) RTHPLACE (State or country) Ma.	Contributory Secondary		
contant. See	10 NAME OF FATHER 11 BIRTH PLACE OF FATHER (State or country)	(Signed) (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from Violes Captises, state (1) Means of Injury; and (2) whether Accidental		
PAR	12 MAIOEN NAME OF MOTHER 4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)		
9	(State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant) (Address) LH Maluf. St.	of deeth yre mes. H. ds. State, 33 yrs. 2 mos. Where was disesse contracted, If not at place of death? Former or neual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNOPRTAKER ADDRESS		
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6060

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

write None. state occupation at beginning of illness. If retired from business, that faet may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suivide. head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "Puerperal septichuemia," eause. "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," ete., when a definite disease ean be ascertained as the genital," "An.emia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion," State eause for which ACCIDENTAL,

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAU, V.S.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	V. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred in

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) 15 MAILENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OF RECENT RESIDENTS) At place of death 16 Where was disease contracted, If not at place of death? Former or USUAl residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 MAILENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE	FULL NAME	in Sme	'les		give its NAME in of street and nomi	nstead
MANUE MILE MICHAEL	PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL C	ERTIFICATE OF	DEATH	
**State the Disparse Cardinary and (2) whether Accident of Confidence (State or country) **State Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To the Best of My Knowledge (Informant) **The Above is Trible To The Best of My Knowledge (Informant) *	MARRIE WIDOW	ED. Almur			(Day (Yo	ear)
he at the first the second of	OATE OF BIRTH (Month) (Month	(Signal Community of the word) (Day (Year) that and and and of day, hrs. The community of	d that death occurred on a CAUSE OF DEATH* w. Contributory Secondary Contributory Secondary 2 State the DISEASE CAUSES, state (1) MEANS PAL, SUICIDAL, OF HOMICID PLENGTH OF RESIDENCE OR RECENT RESIDENCE RESIDENCE OR RECENT R	(Duration) (Boration) (Boration) (Boration) (For Hospitals, in the ds. State	Training Mos. In deaths from Vic (2) whether Account of the Stitutions, Trans	d from 91 91 91 M. O. OLENT CIDEN- HENTS. ds
If more blanks are needed, address State Registrar, 6 E. Banklin St., Balto., Requesting V. S. No. 1.	Filed My 21, 191 5 191	REGISTRAR	Mas Do M	Face V	infunt/	112-

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precisc statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcinclesis of lungs, peritonaeum, etc., Carcinclesis of lungs, meminges, peritonaeum, etc., Carcinclesis of lungs, peritonaeum, etc., Car

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 51915
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V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is year important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County Clegan	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
2FULL NAME Cultury	St.; Ward) a hospital or lostitutioe, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from
Month) (Day (Year)	that I last saw her alive on her way / 5 191 1
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 29 m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duratien) Zyrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Doration) yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place the the of death yrs, mos, ds
(Informant) (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Files May 13, 1915 DE Coursey	allegony Cemetary 5/14, 1915
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state oecupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

cause. Always qualify all diseases resulting from eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeete., when a defiuite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State eause for

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STATE OF MARYLAND 1 PLACE OF DEATH Limits Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day, hrs. Yrs. mos.ds. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) certificate. BIRTHPLACE (State or country) Secondary 10 NAME OF (Signed) 6 PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 6 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. .. State yrs, .. Where was disease contracted. if not at place of death?-Former or usual residence mportant. OF BURIAL 20 UNDEBTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for chiidbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



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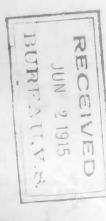
PLACE OF DEATH County Allegany 6969	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Currerland (No. 533, 1)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, Married, Widowed or Divorced (Write the word)	16 DATE OF DEATH May 21, 1915 (Month) (Day) (Year) 17 I, HEREBY CERTIFY, That attended deceased from
Month) Obay Obay	that I last saw h alive on May 21, 1917,
42 yrs. Z mos. 1 ds. OR mlo.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory X eaux
10 NAME OF FATHER Parmel Moses	(Signed) That the forms, M. O, may 24 191 (Address) Sunches the med
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth
(Informant) from My Spring gr. (Address) 533 Sregu St.	Former or usual residence
FREE AY 24 1915 191 Wee Lettle	20 UNDERTAKER ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite Nonc. taken to report specifically the occupations of persons know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Struck to determine definitely. Examples: Accidental drowning; or miscarriage as "Puerperal septichaemia," "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never ACCIDENTAL, report mere wound



S. No. 1.

Every ltem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.-

1 PLACE OF DEATH

6070

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[it death occurred in a hospital or institution, give its NAME instead

FULL NAME LAIGUEL	after of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, QUANUAL WIGOWEO, ORDIVORCEO (Write the word)	(Month) (Day (Year)
TAGE TO DATE OF BIRTH (Month) (Day (Year) If LESS than	that I last saw h W alive on way 20 ,1915 and that death occurred on the date stated above at 63.00 m.
3 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	The CAUSE OF DEATH* was as follows: Abopley Sed Buddeuly Hod puer on a "Zwerk! kyruron while classed up & fler was up afair (Buration) yrs. mos. ds.
which employed (or employer) **BIRTHPLACE (State or country) 10 NAME OF FATHER Patrick Delaway.	Contributory Secondary (Opration) yrs mos ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Ulary Cain	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs, mos ds
(Informant) Vale Survey Land	Where was disease contracted, If not at place of death? Former or Usual residence
Filed May 24, 1913 Del Course Registrar	Grootburg Md May 26, 191 5 Jacob Hafer Frostburg Mg
I more blanks are necueu, audress State Regis	ar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstiliat nephritis, ture of the American Medical Association.) eause of dcath approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertakeu. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from "Scnile," cte.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For vio-



Coun Wellag	(IlVora.	City Limit CERTIFICATE OF DEATH Registration Dist. No. Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	Male Whate (Write the Word)	16 DATE OF DEATH (Mony) (Day) (Year 17 HEREBY CERTIFY, That attended deceased from
7 AG	E (Moryh) (Day) (Year) (Moryh) (Day) (Year) If LESS than 1 day, hrs.	that I last saw h malive on hat death occurred on the date stated above, at "The CAUSE OF DEATH * was as follows:
8 00	CCUPATION	Garales is
o (a par (b) bus whi	Trade, profession, or ticular kind of work. General nature of industry siness, or establishment in ich employed (or employer) BTHPLACE (State or country) Germany.	Contributory Mcgll December 3
S BI O Date of the control of the co	Trade, profession, or tilcular kind of work General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) TO NAME OF FATHER Grandren Stegmaier The BIRTHPLACE (State or country) The BIRTHPLACE (State or country)	contributory might Die
PARRIANT OF THE PARRIANT OF TH	Trade, profession, or tilcular kind of work General nature of industry siness, or establishment in ich employed (or employer) Authority Father To name of Father The Candrew Stegmaier The Birthplace Of Father (State or country)	(Signed) Contributory Secondary (Buralion) (Signed) (Signed)

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[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercur-"PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inmition," "Marasgenital," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cameer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... by railway train-accident; Revalver The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," carbolic acid-probably State cause for which Never report mere "Exhaustion," mound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

7. S. No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH of information CAUSE OF Important.

PLACE OF DEATH

County Cley (No. STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. [If deeth occurred in a hospital or lostitution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS

PERSONAL AND STATISTICAL PARTICULARS

PERSONAL AND STATISTICAL PARTICULARS

AMARIE, MARKIE, MARKIE, MONTON (Month) (Day (Year))

OR DIVORCED OR DIVORCED (Write the word)

The Date of Birth

A DATE OF BIRTH

CMONTH) (Day (Year) that I leet sew has alive on care in 1915.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 s	ATE OF BIRTH MARRIED, WIDOWED, ORDIVORCED (Write the word) 1	(Month) (Day (Year) 17 I HERELY CERTIFY, That I ettended deceased from that I leet sew hand alive on the dete steted bove, et
(a) pa (b) bus whi	CCUPATION) Treda, profession, or rilcular kind of work) General nature of Industry, siness, or establishment to ich employed (or employer) IRTHPLACE (State or country)	(Boration) yrs mos ds. Contributory Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) *State the Disease Causing Death, or, in deaths from Piolent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *Blength of Residence (for Hospitale, Institutions, Transients, or Recent Residents) At place 10 the of death yrs, mos, ds. State yrs, mos, ds. State yrs, mos, ds.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?

Former or usual residence.

STACE OF BURIAL OR REMOVAL

STATE OF BURIAL

PUNDERTAKER

ADDRESS

REGISTRAN Trastons Furt U.C.

L. Cy Trostburg

If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursnits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Fyphoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic canse of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaeeanse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) injnry, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD UNFADING INK-THIS IS A PERMANENT carefully supplied. WRITE PLAINLY, WITH CAUSE OF I

6073 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred in

FULL NAME	a nospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH 5- 4,19/1	17 I HEREBY CERTIFY, That I attended deceased from 191
7 AGE Still (Month) (Day (Year) 1 t LESS than 1 day,hrs.	snd that death occurred on the date stated above, at
yrs mos. ds. OR mln.? COCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employar) PRINTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Deration) yrs mos ds. (Signed) (Address) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, At place lo the ot deathyrs,mos,ds Where was disease contracted, If not at place of death?
(Address) File May 4-1312 DESTERNING REGISTRAN	Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL Cludgany emetry 20 UN DERTAKER Sturing Agoress Agoress

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons But in many

Statement of cause of death—Name, first, the disease causing death—Ithe primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

RECEIVED

V. S. No. 1.

Coun	Cumberland 75 Be	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE) Ma	4 COLOR OR RACE 5 SINGLE, MARRIED, Lungle WIDOWED OF WORKED (Write the word) 1805 (Year)	16 DATE OF DEATH May (Month) (Day) (Year 17 I HEREBY CERTIFY That I attended deceased fro may 1915, to that I last saw h Walive on May 1916
7 AG	1	and that death occurred on the date stated above, at 3:30
bus whi) Trade, profession, or ticular kind of work) General nature of industry siness, or establishment in chempleyed (or employer) PTHPLACE (State or country) Manyland	Contributory Charles (Burstlen) O yre O mes 1 Contributory Charles (Burstlen) O yrs O mes 6
ARENTS	10 NAME OF FATHER John Y Laylor 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME COLOR BY ALL AL	(Signed) Q J+ Crack N.
	13 B'RTHPLACE OF MOTHER (State or country) Maryland HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss a da Jaylon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) Ât place of death
16	(Address) 75 Before MAY 1.8 19 19 Max Jutton REGISTRAR	19 PLACE OF BURIAL OR REMOVAL APPLICATION DATE OF BURIAL LOS BURIAL OR REMOVAL DATE OF BURIAL 20 ONDERTAKER ADDRESS C. T.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever, The material werked on may form part Women at home, who are engaged in Locomotive engineer, Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths mus, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uraemia," "Weakness, by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull "Dropsy," State eause for which Never report mere (Recommendations "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 9 1915
BITATAU, V.S.

S. No. 1.

N. B.

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PHYSICIANS should state of QCCUPATION is very RECORD

of information should be carefully supplied. AGE should be stated EXACTLY.

"DEATH in plain terms, so that it may be properly classified. Exact_statement.

See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF Important.

1 PLACE OF DEATH

6075

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward) [If death occurred in a hospital or Institution,

	FULL NAME Creston	give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TA	MARRIED, WIDOWED, ORDIVORCED (Write the word) ATE OF BIRTH October 1830 (Month) (Day (Year) GE If LESS than 1 day,	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 2016, 1915, that I just saw haralive on 2016, 1915, and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
PARENTS Re (q)	Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE (State or country) INTHPLACE (State or country) INTHPLACE OF FATHER State or country) INTHPLACE OF FATHER (State or country) INTHPLACE OF FATHER State or country) INTHPLACE OF FATHER (State or country) INTHPLACE OF FATHER (State or country) INTHPLACE OF MOTHER OF MOTHER (State or country) INTHPLACE OF MOTHER (State or country)	(Signed) State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
	REGISTRAR	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER DATE OF BURIAL MALLIH, 1915 ADDRESS LTAR. 6 E. Franklin St., Balto, Bequesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

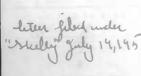
who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cercbrospinal fever (the only definite synonym is *Epidemic cerebrospinal meningitis*); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerrenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. Exoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," ctc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.



N.B.

PLACE OF DEATH County Alexany Village or City Louish Thomas Types	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day) (Year) 17 I HEBEBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h 2 alive on 5/27 1915
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in	Crite Distantin J. 15 may.
which emplayed (or employer) BIRTHPLACE (State or country) Eugland	Contributory Rheen ate Endonandition Secondary Don't know me
10 NAME OF FATHER	(Signed) Charter Boverin
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Dibease Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accimental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the state, yre. mes. ds. State, yre. moe. de. Where was disease contracted.
(Informant) True to the BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence
(Address) 208 Thirt St Szehester 15 MAY 28 1915 Filed REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL HAY 28, 1915 20 UNDERTAKER ADDRESS Lathbuland
If more blanks are needed, address State Registrar, 10	5 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. engaged in domestic service for wages, as Servant, Cook precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childas "PUERPERAL septichaemia," "Dropsy," State cause for which Never (Recommendations "Exhaustion, report mere to punon



	PLACE OF DEATH 6077 County Alle gamp	Outside STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	Village or City Sumberland (No. Farrow 2 FULL NAME HATE John We	Stack St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, fringle Windows of Okate Of BIRTH (Write the word)	16 DATE OF DEATH May 8 , 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from May 17 1915
	Sept 16, 1836 (Month) (Day) (Year)	that I last saw h walloo on may 17, 1915,
	7 AGE 7 AGE 1 If LESS than 1 day, hrs. OR mio.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
~	(a) Trade, profession, or particular kind of work Adail Letter Carrier	Brganis Hert Disers
0	(b) General nature of Industry business, or establishment in which employed (or employer)	(Ouretion) yrs. mos. ds.
	9 BIRTHPLACE (State or country) Rainsberry Pa	Secondary (Ourstlon) yrs mos ds
	10 NAME OF SOUT RUOW _ , Wangle	(Signed) N.J. M. J. www. M. O.
2	Z OF FATHER (State or country) Wexaudia Q	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2), whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
is very	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth
2	(informant)	If not at place of death? Former or usual residence
	(Address) allegary Co Jarrows Park	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rose Hill Cemetary May 20, 1915.
3	FROM \$20.191, Seg. Mark furtish	J. S. Butter City
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balth. 2 Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as House-E yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed write None. business, that faet may be indicated thus: Farmer (retired state occupation at beginning of illness. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers employed, as At school or precise specification as Day laborer, Form loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Lealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Croccry; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, wife, Housework, or At Home, and children, not gainfully know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation -- Precise statement of oeeupavarious pursuits ean be known. The question The material warled on may form part Women at home, who are engaged in At home. Care should be Locomotive engineer, Civil If retired from

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synhal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths cte., when a definite disease can be ascertained as the "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septicharmia," mus, genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere "Heart failure," "Heemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping coopneumoma (secondary), 10 ds. Never report mere exymptoins or terminal conditions, such as "Asthenia." nephritis, etc. by. "Old Age," "Shoek," "Uracmia," "Weakness, Always qualify all diseases resulting from childrailway The eontributory (secondary or intercurtrain-accident; Revolver wound of State eause for which "Atrophy," "Exhaustion," ACCIDENTAL, ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 2 1915
BUREAU, V.S.

V. S. No. 1.

	PEACE OF BEATH	STATE OF MARYLAND
Count	Allegany	CERTIFICATE OF DEATH
		- Registration Dist. No.
Village	e or City Cumberland (No. 250)	[if death occurred is a hospitat or institution give its NAME instea
	2 FULL NAME Still Buch 30	OVELER of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	While Single, MARRIED, Wildowed OR DIVORCED Sneet	16 DATE OF DEATH (Month) (Day) (Yes
6 DAT	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 14, 1915, to May 14, 1915
		that I last saw h alive on , 191
7 AGE	If LESS 1 day,	land that death occurred on the date stated above, at
	yrs. mes. ds. OR m	
8 00	CUPATION Trade, profession, or	
) parti	licular kind of work	
bush	General nature of Industry iness, or establishment in	(Buration) yrs. mos.
-	Ch emplayed (or employer)	Contributory
(State or country) alleg on Co Mil	Secondary
	10 NAME OF FATHER	(Purallon) yrs mos
S	fies 6 Welsh	(Signed) (Signed) (Quantitative)
N	OF FATHER (State or country) alleg any co rul	*State the DIMEANE CAUSING DEATH, Or, in deaths from VIOLENT
id -	12 MAIDEN NAME OF MOTHER O O O	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE)
-	13 BIRTHPLACE OF MOTHER (State or country) Combelland Mil	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, IRANSEE AT place of death
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease coalracted, if not at place of death?
(Interment) from E Wilch	Former or usual roaldsnce
	(Address) Cambelagge 2001	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed	MAY 17 1915 Mex leveton	20 ORPHIANEN SILL ADDRESS
	REGISTRA	A Completelle

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing peath, engaged in domestic service for wages, as Servant, Cook, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Househeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day loborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material "crked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning: SUICINAL, or HOMICINAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent neaths mus," "Old Age," "Shock," "Uraemia," "Weakness," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for mahignant neoplasms); Measles; Whooping or miscarriage by railway train-accident; Revolver wound of The contributory (secondary or intercuras "PUERPERAL 10 ds. "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," septichaemia,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

state

RECORD

PERMANENT

4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

> 8. No. ٧.

N. B.-

Co	1 PLACE OF DEATH 6079 unty Allegacy	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.		
Village or City Curshis Cance (No. 1847. Ceulse St; Ward) 2 FULL NAME **THE Coulse St; Ward a hospital or institution, give its NAME instead of street and number.]				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH		
3 SE	4 COLOR OR RACE SINGLE, MARRIED, MARVED, WOWLD, OR DOTAGED	16 DATE OF DEATH // Lay 10 - 1945 (Youth) (Day) (Year)		
6.0	Amale Valle (Write the word)	17/2 I HEREBY CERTIFY, that I attended deceased from		
001	May 10 de 1910	that I lest saw held slive on May 10, 1915		
7 AC		and that death occurred on the date stated above, at 4:30 9 m.		
	tillhyremmus. ds. OR mln.?	The CAUSE OF DEATH * was as follows:		
© OCCUPATION (a) Trade, protession, or particular kind of work		of Pierrane ey (Ouration) yrs, mos, ds.		
	ch employed (or employer)	f. V		
9 B1	RTHPLACE tate or country) // lay and	Contributory (Secondary) (Dayation) yrs. mos. ds.		
	10 NAME OF Sheard Hillison	(Signed) Litterfield , M. D.		
INTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-		
PAREN	12 MAIDEN NAME Pearl Schenes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the ot death yrs mos ds. State yrs mos ds.		
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		
(Informant) exhibited Oillison		Former or usual residence.		
15	(Address) 184 h, Center 78	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL		
FII	may 10, 1915 Max for Clou	20 UNDERTAKEN Falker and ADDRESS allenders of termetery		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupaetc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Losis brospinal meningitis"); Diphtheria (avoid use ("Pnenmonia," unqualified, is indefinite); Tubercupneumonia"); Lodar pneumonia; Bronchopneumonia "Croup"); fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonacum, etc.. Tuphoid fever (never report "Typhoid Carcin-

> etc. childbirth or miscarriage, as "Puerperal septichaenant neopiasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory "PUERPERAL peritonitis," etc. tetanus) may be stated under the head Aiways qualify aii diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of terminai conditions, such as "As-(secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State death), Examples: cause for 29 ds.;



V. S. No. 1.

N. B.

RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in plain terms, s

AGE should be stated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OCCUPATION is very Every Item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

1 PLACE OF DEATH

6080



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; .Ward) [If death occurred in a hospital or institution, give its NAME instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Feen, 4 COLOR OR RACE 5 SINGLE, MARRIED, Wedow Widowed, ORDIVORCED (Write the word)	(Month) (Day (Year)			
6 DATE OF BIRTH Nov 4 184	that I last saw here alive on Musy 6, 191			
(Month) (Day (Year 7 AGE 11 LESS 1 1 day,	and that death occurred on the date stated above, at 10-45 q m, The CAUSE OF DEATH * was as follows:			
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Acul Gardine yrs mos ds. Contributory Acul Gardine Secondary (Duration) yrs mos 2 ds. (Signed) Al, Burther M. B.			
11 BIRTHPLACE OF FATHER (State or country) Manylan 12 MAIDEN NAME OF MOTHER (ALL)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 STATE OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mes. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.			
(Address) Bartin Mal Filed May 7, 1915 A. Bucher REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Mornous Crewelry 20 UNDERJAKER 20 UNDERJAK			

[Approved by U. S. Census and American Public Health Association.]

applies to each aud every persou, irrespective of age. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Colton mill; (a) Salcsman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumoula"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephrilis, oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Purperal perilonitis," etc. State cause for cause. Always quality at useases resumme the childbirth or misearriage as "Puerferal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, telanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Semile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," For vio

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH Allegany

6081

Village or City

Westernport.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[if death occurred in a hospital or institution, give Its NAME instead of street and nomber.]

James Alexander 2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH				
3 SE	Ма1е	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the we	farried ord)		May (Month)	7tn	, 191 A
May 7th. 1915				that I last saw have alive on the date stated above, at				
7 AGE (Month) (Day (Year) 17 AGE 11 2 1 day,hrs. 18 Yrs mos ds. OR min.?								
	CUPATION Trade, profession	n or Camman	Tabassas		Mortic insuf:	ficiency		**************************
par	ticular kind of a	work	Laborer		folowed by	heart f	ailure	
(b) General nature of Industry, business, or establishmeoi in which amployed (or employer))	(Duration)	yrs 6 mos	ds.	
9 B!	RTHPLACE (State or con	untry) Mary	land		Contributory Secondary	A		
	10 NAME OF Theopolis Wilt			(Signed)				
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland							
PARE	12 MAIDEN NAME OF MOTHER dont know							
	13 BIRTHPLACE OF MOTHER (State or country) Gont know							
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE BON, 1. Wilt (Intermant)			Where was disease contracted, if not at place of dealh? Former or osoal residence					
(Address) Westernport, Md.				Bond, Md.	REMOVAL	May DO	IIAL 191	
FIRE 1915 TAPELLA REGISTRAR			20 UNDERTAKER GOLOCK		Piedmon W. Va	1 1 1 1 1 1 1 1 1 1 1 1		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as minc, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: (a) Spinney, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Laborer-Coal "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PTERFERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Scnile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canscpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N.B.

BINDING

FOR

RESERVED

MARGIN

1 PLACE OF DEATH

County allogary 6082	CERTIFICATE OF DEATH Registration Dist. No.			
Village or City Cumberland (No. 302, 6)	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male White Single, Married, Widowed or Divorced (Write the Word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from			
6 DATE OF BIRTH 100 29 1856 (Month) (Day) (Year)	that I last saw has alive on May 7, 191.			
TAGE If LESS than 1 day, hrs. OR mln.?	The CAUSE OF DEATH ** was as follows: Chimil slunder Heads			
barticular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Service of the state of the	Contributory Christian Cestima Secondary - work (Ouration) yrs. mos di			
10 NAME OF FATHER FUNCTION JAMES OF FATHER STREET S	(Signed) TO, Toldy M.			
of Mother Smy Know . 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death was disease contracted, if not at place of death?			
(Informant) John F. Brancesusace (Address) 302 Colyane	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL Lecurons August 200 A			
Filed 191 MAY 10 10 10 10 10 10 10 10 10 10 10 10 10	20 UNDERTAKER AODRESS 16 W. Saratoga St., Batto., Requesting V. S. No. 1.			

STATE OF MARYI AND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as House-"Foreman," "Manager," Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. wife, Housework, or Al Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day labour, Farm laborer, Laborer mill; (a) Salesman, (b) (rowery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stotionary firemun, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, arrespective know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever If the occupation has been changed Novor Locomolive engineer, return If retired from "Laborer, (b) Antoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

T cause. mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetonus) may be stated suicide. head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse,", "Coma," "Convulsions," "Debility" ("Conunder the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver wound of to the termine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puerperal septicharmia, genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic volvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of rent) affection need not be stated unless important. "Tumor" for inalignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracinia," "Weakness. The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropst," carbolic acid-probably "Exhaustion,

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BUREAU.V.S.

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Outsida 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occorred in a hospitat or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWEO (Month) OR DIVORCED (Day) (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at .6.1. 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country (Buration) mos. 10 NAME OF FATHER (Signed) ENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, Œ 12 MAIOEN NAME. SUICIDAL OF HOMICIDAL OF MOTHER Ad 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Fermer er (Informant usua! residence DATE OF BURIAL OF BURIAL 20 UNDERTAKER ADORESS REGISTRAR If more blanks are needed, address State, Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, ctc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever If the oecupation has been changed Locomotive engineer, If retired from (b) Auto-

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning: mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) and eonsequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a dcfinite discase can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage as "PUERPERAL Always qualify all diseases resulting from ehild-(seeondary), 10 ds. The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere septichuemia," ACCIDENTAL,

